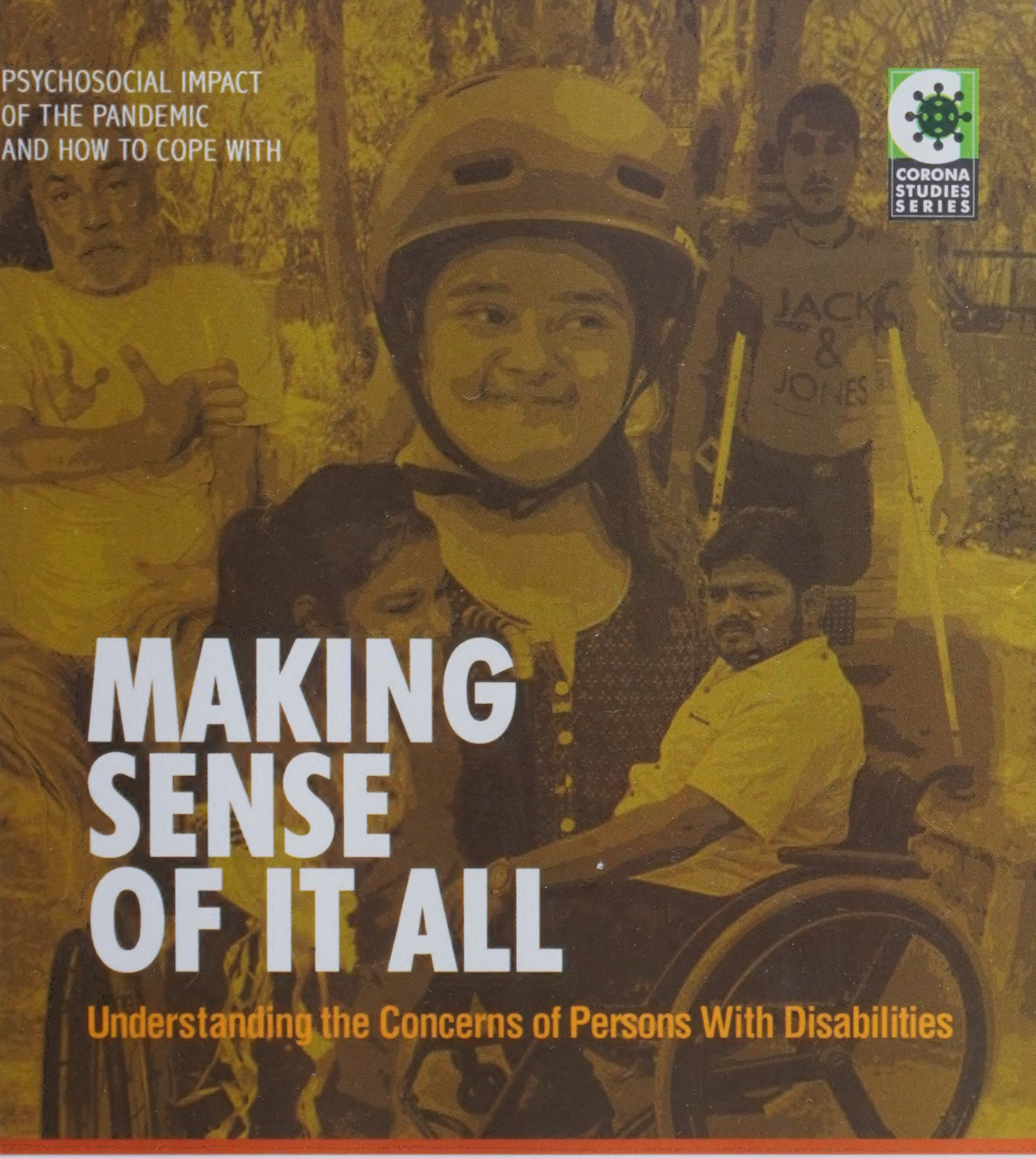
PSYCHOSOCIAL IMPACT
OF THE PANDEMIC
AND HOW TO COPE WITH

CORONA STUDIES SERIES



MAKING SENSE OF IT ALL

Understanding the Concerns of Persons With Disabilities

Lead Researchers
Rekha Chauhan ◆ Harsheeta

Ms. Rekha Chauhan, a distinguished alumnus from the Indian High School, Dubai, is a Senior Psychologist & Mental Health Educationist. A Graduate (1998) from the University of Delhi, with a Master's degree in Psychology and Post Graduate Diploma in Guidance & Counselling from Jamia Milia Islamia, she also holds a Post Graduate Diploma in Rehabilitation Psychology and Vocational Rehabilitation (MR) along with a B. Ed. With 15 years of work experience, as an Adolescence & Parenting Coach, she has been guiding Children with Special Needs & training Adolescents, Teachers, Principals, Parents, Corporate Employees and has conducted various workshops on Mental Health Awareness, Challenges of Adolescence & POCSO across India. She was a Subject Expert & Member in developing *Guidelines & Recommendations on Emotional Wellbeing* for Navodaya Vidyalaya Samiti, MHRD and *Counselling Services Guidelines* for schools under Central Tibetan Administration. A key member of the organising group of National Conference on *Understanding Disabilities & Mental Health Towards Inclusion & Empowerment* organized in January 2020 under the aegis of National Institute for Empowerment of Persons with Multiple Disabilities, Chennai, presently, she is also the President of Association of Indian School Counsellors & Allied Professionals.

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PSYCHOSOCIAL IMPACT OF THE PANDEMIC AND HOW TO COPE WITH
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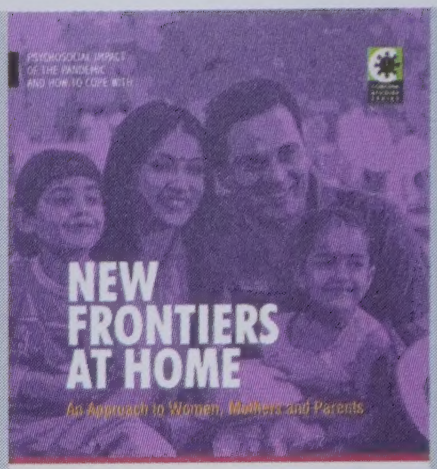

Lead Researchers
Tarun Uppal • Sonie Sidhu

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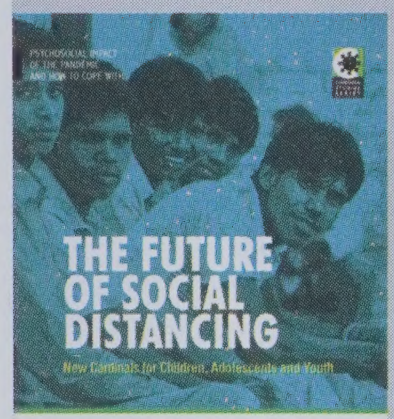
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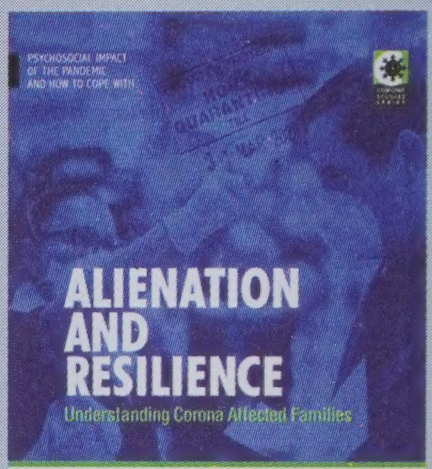
Lead Researchers
Aprajita Dixit • Rekha Chauhan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Lead Researchers
Harsheeta • Meena Arora

BOOKS UNDER THE SUB-SERIES

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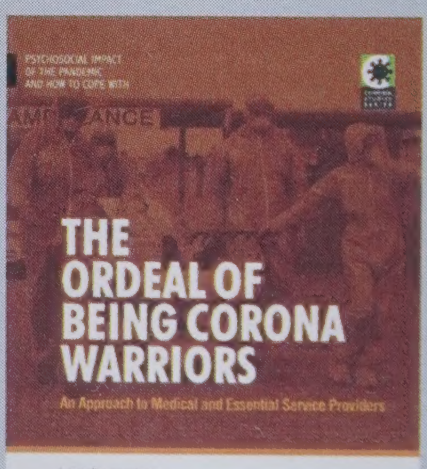
Lead Researchers
Jitendra Nagpal • Aprajita Dixit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Lead Researchers
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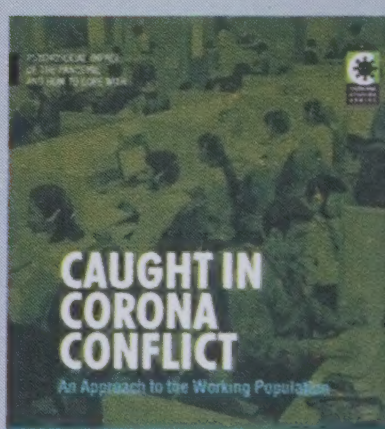

Lead Researchers
Jitendra Nagpal • Tarun Uppal

SYCHOSOCIAL IMPACT
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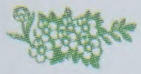
An Introduction to the Study



'The Psychosocial Impact of COVID-19 Pandemic and the National Lockdown in India'

Background

There comes a time in human history which demands and opens up new vistas of intended and unintended lateral thinking, decisions and action plans affecting the humanity as a whole. The global COVID-19[1] disease, which was first identified in Wuhan, China, in December 2019 and has (as of 1 May 2020) seen more than 3.27 million cases reported in 187 countries and territories, resulting in more than 233,000 deaths, is surely one of such defining human crises in contemporary times. The silver lining is that more than 1.02 million people have recovered as

1 On 11 February 2020, WHO announced the name of the disease as COVID-19, which as per www.cdc.gov is an abbreviation for 'Coronavirus Disease of 2019'. 'CO' stands for Corona, 'VI' for Virus, 'D' for Disease, and 19 stands for 2019, the year of its outbreak. Formerly, this disease was being referred to as 2019 novel coronavirus or 2019-nCoV.

well.[2] The disease was declared to be a Public Health Emergency of International Concern on 30 January 2020, and recognised as a Pandemic by the World Health Organization on 11 March 2020.

In India, the first case was reported on 30 January 2020, and till now (1 May 2020), as per the data of the Ministry of Health, Government of India, (https://www.mohfw.gov.in/) 35365 cases have been reported of which 25148 were active, 9064 have been cured/discharged, have seen 1152 deaths, and 1 case has migrated.[3] On 11 March 2020, the Government of India announced that all States and Union Territories should invoke provisions of Section 2 of the Epidemic Diseases Act, 1897. This Act is a law which was first enacted to tackle bubonic plague in Mumbai (formerly Bombay) during British India. The law is meant for containment of epidemics by providing special powers that are required for the implementation of containment measures to control the spread of the disease.

Since Social Distancing (in Hindi being projected as *Do gaz ki doori*)[4] has been identified as the integral aspect of the prevention and a deterrent to the spread of this highly communicable disease, the Government of India went for a national Lockdown on the lines of such lockdowns announced in various parts of the globe

---

2 COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU), https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

3 For an updated data please refer to the website of the Ministry of Health, Government of India, as referred to above.

4 There is already a debate about the use of the term 'social distancing', and it has been suggested that it should be called physical distancing or safe distancing etc. The present study, while using the term 'social distancing' to make it relatable in the present context, has advocated 'Say Yes to Social Distancing/And Say No to Emotional Distancing' in its on-line survey campaigns conducted by NBT. (Ed.)

by the respective countries battling the scourge of the Pandemic. The National Disaster Management Authority (NDMA), chaired by the **Prime Minister of India, Shri Narendra Modi**, 'in exercise of the powers under section 6 (2) (i) of the Disaster Management Act, 2005, (has) issued an Order dated 24.03.2020, directing the Ministries/Departments of Government of India, and the State/Union Territory Governments and State/Union Territory Authorities to take effective measures to prevent the spread of COVID-19 in the country.'[5]

The same day, a nationwide Lockdown was announced for 21 days by the Prime Minister in a national address, limiting the movement of the entire 1.3 billion population of India as a preventive measure against the 2020 coronavirus pandemic in India. The decision was taken after a 14-hour voluntary public curfew called 'Janata Curfew' on 22 March 2020. This was followed by enforcement of a series of regulations in the country's COVID-19 affected regions.

The Lockdown was placed when the number of confirmed positive coronavirus cases in India was approximately 500. It was extended on 14 April 2020 for another 19 days to end on 3 May 2020, with the guidelines to lift some restrictions from 20th April 2020 on some economic activities in areas not identified as hotspots or as containment zones. It needs to be seen how the future strategies[6] are adopted by the Government and the society at large in the long run to wage this battle against the COVID-19 Pandemic which is likely to be a long drawn one in the absence

5 https://pib.gov.in/newsite/PrintRelease.aspx?relid=200655

6 On 1st May 2020, the Government of India further extended the National Lockdown for two weeks from 4 May to 17 May 2020, with some economic activities and relaxations in areas demarcated as Orange Zones and Green Zones, and very little concessions in areas declared Red Zones. (Ed.)

of a vaccine, efforts to make which are going on in different parts of the world, including India. As per various reports[7], a vaccine is likely to be available on mass scale not before one[8] to two years[9].

The Study

Considered as the 'biggest corona lockdown' by the international media, the move was surely unprecedented in contemporary Indian history. It is a matter of great satisfaction to the members of this Study Group that the likely psychosocial impact of the Lockdown in the backdrop of Pandemic anxiety and the related likely behavioural issues were immediately identified as a crucial area to be looked into by the National Book Trust, India under its Research & Innovation Initiatives enabling the constitution of this Group on 27th March 2020 to prepare suitable reading materials as preventive mental and psychological health handbooks for different segments of the society.

As stated in the press release[10] announcing the constitution of this Study Group on 28th March 2020, this initiative of NBT was undertaken as part of its parent Human Resource Development Ministry's multi-dimensional approach to deal with the COVID-19 Pandemic under the leadership of the **Human Resource Development Minister, Shri Ramesh Pokhriyal 'Nishank'**.

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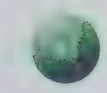
7 https://www.google.co.in/amp/s/www.businessinsider.com/coronavirus-vaccine-probably-wont-ready-before-end-2021-roche-2020-4%3famp

8 https://www.bloomberg.com/amp/news/articles/2020-04-11/coronavirus-vaccine-could-be-ready-in-six-months-times

9 https://www.google.co.in/amp/s/www.bbc.com/news/amp/health-51665497

10 https://pib.gov.in/PressReleasePage.aspx?PRID=1609029



The Study works on the basic premise that the Global COVID-19 Pandemic is going to change our lives in many fundamental ways. This has been recognised and expressed by the world leaders and the intellectual class as well during the last one month. Quoting the **Prime Minister of India, Shri Narendra Modi**, in his video conference with the Chief Ministers of different states of India on 8 April 2020, a report stated:

> "Life will not be the same again after COVID-19... there would be 'pre-corona and post-corona' for times to come.... Massive behavioural, social and personal changes will have to take place...We can see that the world has changed so much compared to pre-World War 2 and post-World War 2. Similarly, pre-corona and post-corona is going to change the entire world and we will have to think according to the change."[11]

Another report quoted **Dr Anthony Stephen Fauci**, one of the most respected American physicians and immunologists who is leading the US Government's Coronavirus Task Force, as saying on 7 April 2020:

> 'Normal' life around the world before the coronavirus pandemic struck may never return...gradually countries will again function as a society but...if you want to get to pre-coronavirus, that might not ever happen in the sense that the threat is there.... If 'back to normal' means acting like there never was a coronavirus problem, I don't think that's going to happen until we do have a situation where you can completely

11 https://www.ndtv.com/india-news/coronavirus-pm-narendra-modi-at-all-party meeting-will-consult-chief-ministers-but-from-all-accounts-2208243

protect the population.... Ultimately, the showstopper will obviously be a vaccine...."[12]

Similarly, on a more optimistic and cautious note, **Dr. Mike Ryan**, executive director of the World Health Organization health emergencies programme, stated on 4 April 2020 about getting from the crisis to the post-crisis. In an article titled, *'Normal' will look completely different when this is all over,* published on CNN website, Ryan talked about "transition strategies" and said

> "each country needs a strong public health architecture, a massive investment in our capacity to do surveillance, contact tracing, isolation and quarantine, and a robust information system so that people know what to do and where to go if they are sick. And if we do that, we have a chance of transitioning back into a life, and economic and social life, that may, in some senses, not be the same again, maybe a more caring, engaged society with a better healthcare system, with better universal access to healthcare, with more social justice, and more care for each other, and that won't be a bad society to go back to."[13]

Highlights

We would first like to recall the statement released by the Study Group on 28 March 2020 alongwith the a press release announcing the constitution of the Group as cited above, which goes something like this:

> "This Study Group is deeply conscious of the challenging task assigned to it in the tough times of COVID-19 Global pandemic crisis. The Group heartily welcomes this visionary

12 https://www.aljazeera.com/news/2020/04/life-normal-coronavirus-scientist-200407101112133.html

13 https://edition.cnn.com/2020/04/04/politics/what-matters-april-3/index.html

initiative of National Book Trust, India. The Group will develop methodologies and practical tips to deal with situations, helped by easy-to-assimilate reading materials on various segments through research, virtual interviews and case studies. This shall help in overall empowerment and awareness to deal with the lockdown and keep the optimum emotional strength and courage."

Accordingly, the approach of the Study has been intensive, rather than extensive, since the Lead Researchers have relied more on their personal interviews and case studies, with the responses to the online questionnaire floated on 2 April 2020[14] acting as leitmotif to provide directions on the Community Perceptions. The particular interviews and case studies of various segments need to be read in detail to make out their full intensity and complexity.

However, it needs to be brought out that the fear of infection is the highest cause of anxiety among various segments of the society, followed by financial, and domestic issues. On the positive side, the break from daily routine and space for quality family time that the Lockdown has offered have come as a major source of joy and happiness for majority of the families. However, the initial shock as well as euphoria generated by the Lockdown would shift to reconciliation with the changed scenario (as expressed by the responses received to the announcement of the first extension of the Lockdown) with some deeper sense of introspection about the turn of events on both personal and social levels.

The apparent ease of work from home, online teaching, greater emphasis on e-learning in schools and higher education, connectivity with colleagues, friends, family, through virtual platforms have brought out fundamental interventions in day-to-day life of the

14 https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1610324

people which would require a longer study. The present ongoing study would hope to tap the same to build upon **this zero-baseline study** so that the way the long term psychosocial impact of the Pandemic play up can be followed up and the necessary coping strategies are formulated accordingly from time to time.

The very idea of the nation of 1.3 billion under home quarantine sounds so daunting that it can impact the best of the strong-willed. However, human beings, by their very nature of adaptability, find ways to cope with the stressing situations, and also help others in the process. Actually, the mental and behavioural concerns are not exclusive to any special group: they are found in people of all age groups, societies, regions, and countries across the world. As **Steven Taylor**, a Professor and Clinical Psychologist in the Department of Psychiatry, University of British Columbia, and the author of *The Psychology of Pandemics*, found in his study on the impact of self-isolation during COVID-19 period in Canada and USA:

> "Still, there is some cause for optimism. The many people who volunteered to help others during the pandemic will experience renewed purpose and meaning in their lives. And those who adjusted better to self-isolation – that is, people who are open to new experiences, optimistic and emotionally stable – are more likely to fare well during and after the pandemic."[15]

In this connection, despite some of the disturbing issues of domestic violence, abuse, stigma associated with the Corona affected families as well as the sense of alienation that was encountered by the corona warriors, the general family value system as prevalent in India seems to have acted as an inbuilt deterrent to fight against

15 https://www.theguardian.com/commentisfree/2020/apr/07/life-never-return-normal-coronavirus-shape-generation

the massive onslaught of an invisible enemy. Thus, the family values and support system that Indian traditions have inculcated in terms of respect for the elders, and love, compassion and co-existence of all in the larger family structure need to be brought to the very foreground of our day-to-day living, since during these difficult times, that may be an important tool to keep the morale of the people at the optimum level as far as possible.

Similarly, it may not be out of context to underline that since there is a lot of stress on handwashing and general hygiene to protect oneself from COVID-19, the widespread emphasis on hygiene in Indian folk customs with their origins in our riverine culture may come handy. In this light, the continuing emphasis on Mahatma Gandhi's dictum of 'cleanliness as next to godliness' through mass-based programmes like 'Swachh Bharat' should be able to strengthen the need and resolve to keep the agenda of personal hygiene and community cleanliness on the high pedestal in the post-Corona times as well.

Further, the physical and mental fitness & harmony that the Indian system of YOGA teaches us needs to be taken more seriously and with a sense of purpose by the society at large as that will keep us in good stead for a long period of time. In fact, in all segments on 'Coping strategies', Yoga has been advised as a natural remedy and therapy to tide over the anxieties as well as for strengthening the immune system.

Coming to the Community Perceptions pertaining to the present Study, the responses as received between 2 April and 7 April 2020 (to gauge the impact of the first two weeks of Lockdown which can be considered the most crucial period of the present complex times) were taken into account for the purpose of making a statistical representation in each segment.

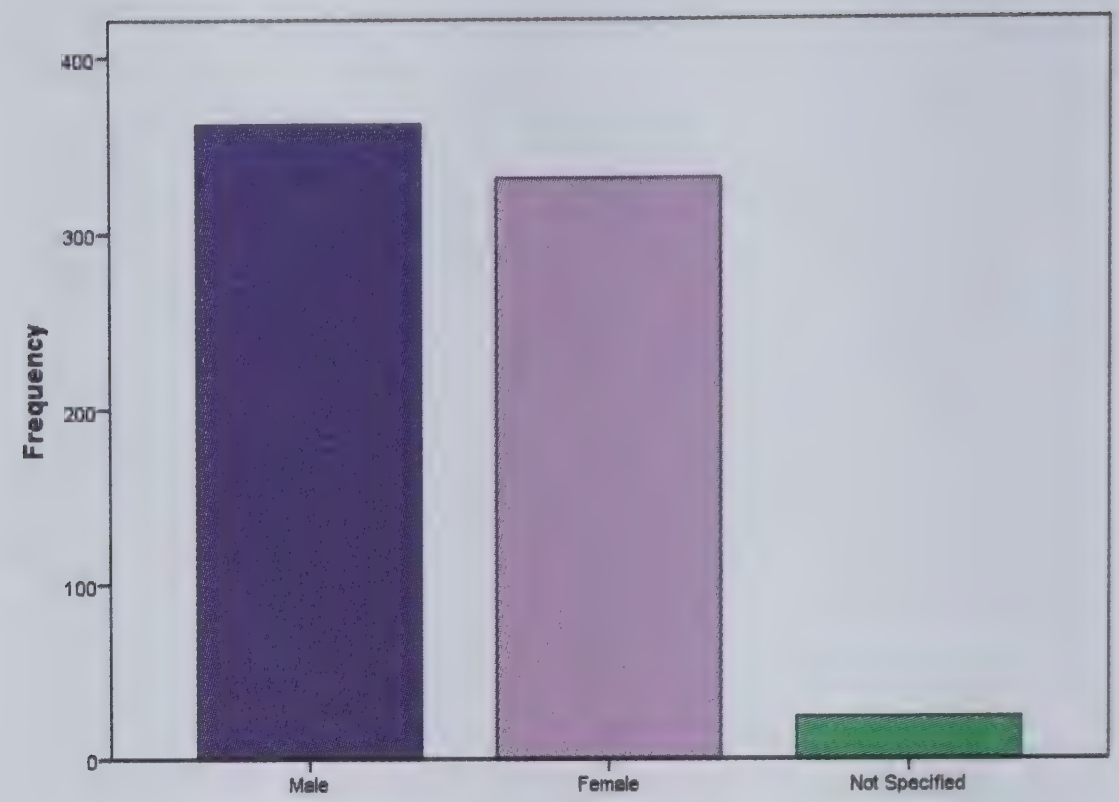


Figure 1: Gender of the participants

Overall, during this period, 725 responses were received across all segments of which 50% respondents were male, and 46% female, and the rest were unspecified. Under the head 'Location during the Lockdown' (which, in some cases, were found different from their usual location due to the Lockdown), the responses were received from 28 states of India, including a few from the members of Indian community settled abroad, for example, in Kuwait, UAE, Malaysia, Singapore, USA, UK etc. and some responses did not specify their location during the Lockdown. The majority of the respondents (41%) came to know about COVID-19 in January 2020, a good proportion (31%) were aware about it since December 2020, whereas 18.5% came to know about the disease in February 2020, and nearly 8% in March 2020. It may be mentioned that many of the respondents generally did not indicate their monthly/ annual income as asked for in the questionnaire.

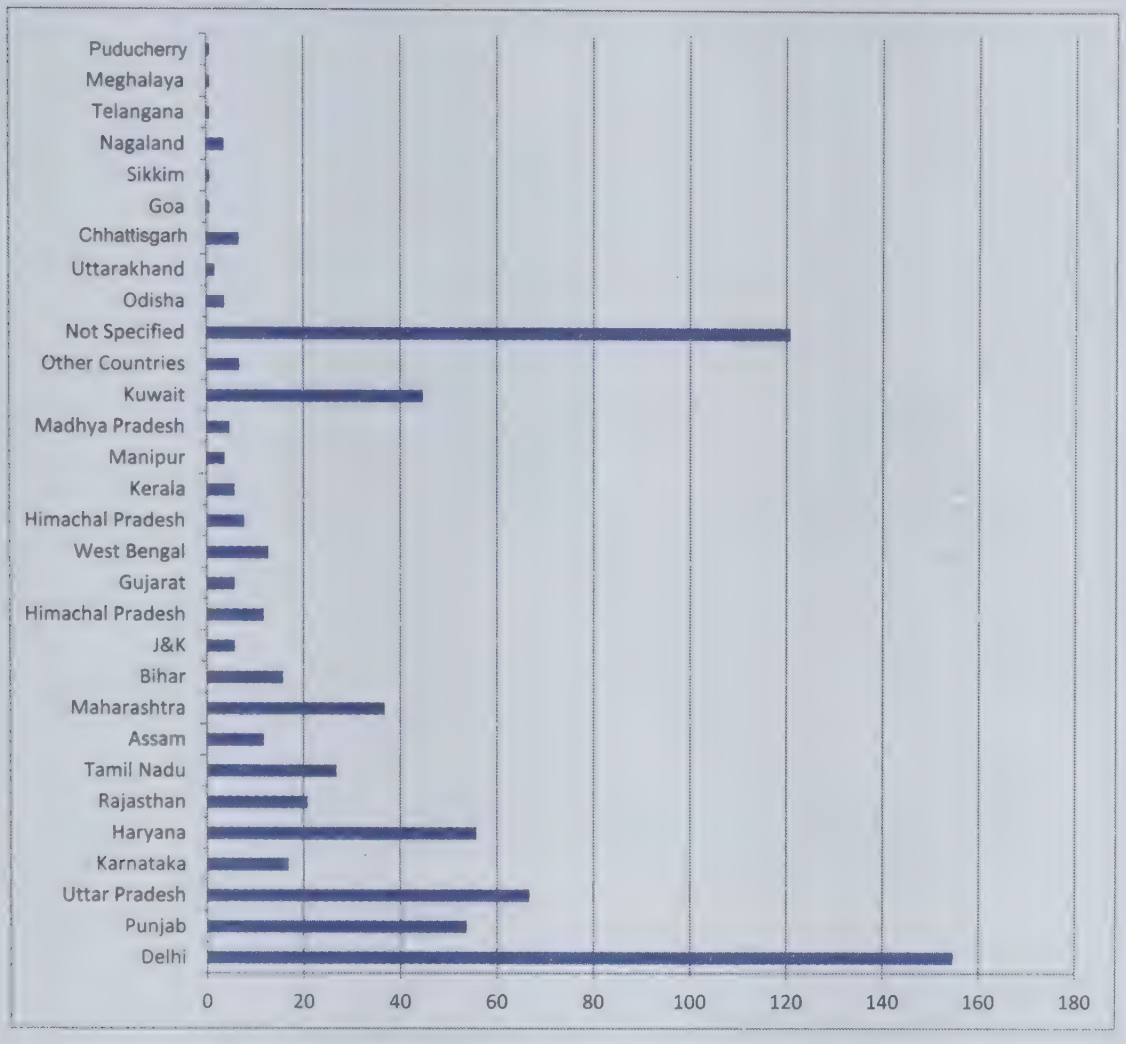


Figure 2: Participants' Geographical Location During Lockdown

The Internet was the major source of information for 41% of the respondents regarding first information received about followed by TV News Channels (26%), Newspapers (16%), Friends/Relatives/Colleagues (9.3%), and Various Sources (5%).

It is also to be noted that while there were higher number of the respondents filling up the questionnaire pertaining to the segments on 'Children, Adolescents, and Youth', 'Women, Mothers & Parents', and 'The Working Population', there were lesser number of respondents for other segments with the least response received for the segment 'Corona Affected Families', underlining the deeply entrenched alienation and stigma attached to the group.

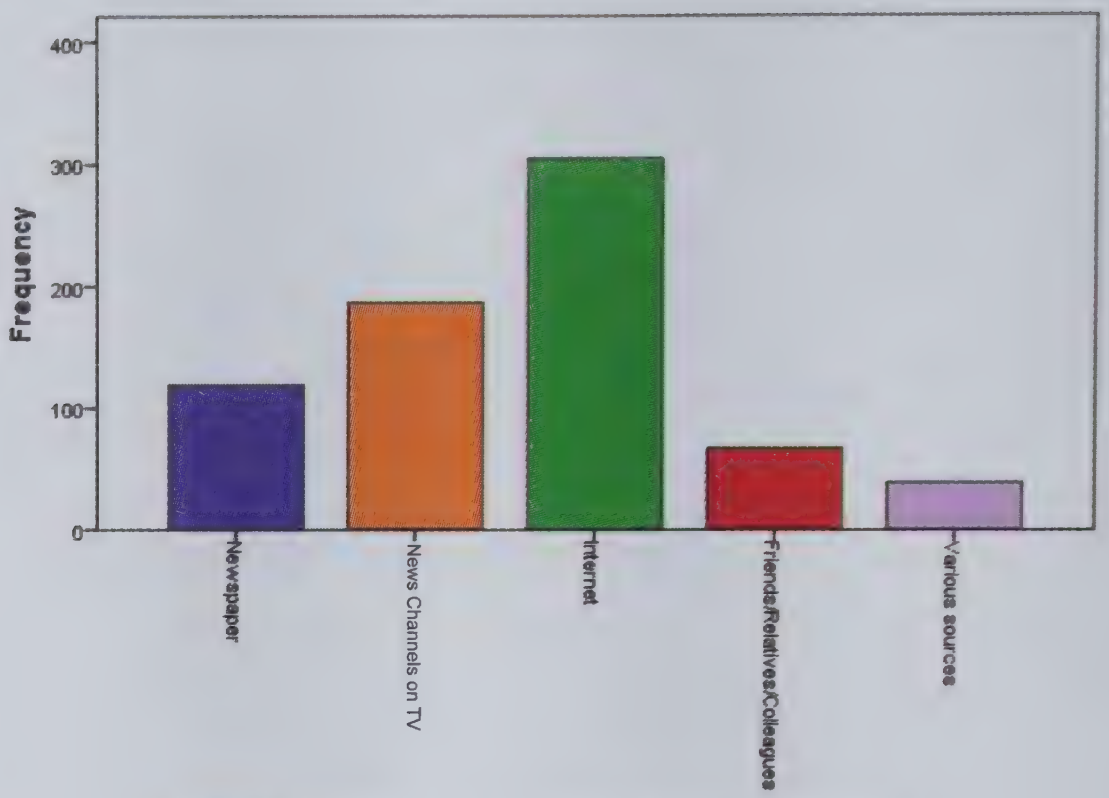


Figure 3: Source of information about COVID-19

Some Suggestions

The Study shows that in the post-corona times, as a nation we will do well to strengthen the **Preventive Mental Health** component of the National Mental Health Programme with emphasis on community-based mental health promotion as an integral part of public health awareness programmes and health promotion policies at local and national levels. **This may be undertaken on the lines of universal immunisation campaigns to train more intensively and prepare community to detect early signs and take steps for prevention of any psychological or emotional problems needing attention for timely care in the post-corona times.** Such a campaign may take into consideration the situational and growing mental health needs of the youth, the working population and other segments.

It is suggested that the awareness and preventive care pertaining to mental health may be integrated within a public policy approach that encompasses horizontal action through different public sectors, such as the environment, housing, social welfare, employment and education. This may generate a "win-win" situations across sectors, including a wide range of health, social and economic benefits, and go a long way in addressing the stigma attached to mental health support and interventions. **To put it simply, the crusade for post-corona times will have to be a multi-dimensional one with emphasis on Physical Fitness and Immunity, Socio-economic adaptations, and mass-based Preventive Mental Health programmes in order to prepare for a resilient and well-adapted society.**

The Study Group, with Dr. Jitendra Nagpal, Lt. Col. Tarun Uppal, Dr. Harsheeta, Sqn Ldr. (Rtd.) Meena Arora, Ms. Rekha Chauhan, Ms. Sonie Sidhu, Ms. Aprajita Dixit as expert members, and Shri Yuvraj Malik, Director, National Book Trust, India, and Shri Kumar Vikram, Senior Editor, National Book Trust, India, as official members, had all their official meetings during the Lockdown period through online medium, maintaining all norms of Social Distancing. The 12 noon and 8 pm WhatsApp Group meetings for many days became the leitmotif to bring up issues for brainstorming and sharing of ideas and notes, taking stock of the progress, and building up of a strong sense of camaraderie, all under extremely tight deadlines.

In this context, the Study Group gratefully underlines the overall guidance received from **Prof Govind Prasad Sharma, Chairman**, National Book Trust, India in the completion of the Study.

The Lead Researchers diligently developed the challenging task assigned to them in the tough times of the ongoing COVID-19

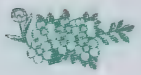
Global pandemic crisis with each member undergoing all the physical and psychological barriers imposed by the Lockdown. By the very nature of the Study, there was no scope for a face-to-face interviews or field visits to make, hence all interviews were done through tele or video calls. The Lead Researchers thereby have studied the Psychosocial Impact of Lockdown while themselves being under Lockdown, which makes the entire study a unique one, and lends a practical and academic credence to the whole exercise. More so, because the entire team of peer-reviewers, statistical analysts, copy-editors, illustrators, artists, proof-readers, production officers, and the personnel related to IT, PR, Sales etc., worked on and contributed to the project under Lockdown, while maintaining the mandated Social Distancing. In this context, one is reminded of the famous literary term of 'negative capability'—*when a man is capable of being in uncertainties, mysteries, doubts,..*—propounded by the great English Romantic poet, **John Keats** (1795-1821), to be able to achieve creative heights, a phrase which may have greater symbolic value in the present times of Corona Pandemic.

The Lead Researchers have developed and carved practical tips to deal with situations in the form of easy-to-assimilate reading materials on various segments through virtual interviews and case studies. It is hoped that this shall help in overall awareness, responsibility and empowerment towards dealing with the Pandemic, the precautionary Lockdown, and their impact on our society.

NBT STUDY GROUP
'Psychosocial Impact of the
Pandemic and How to Cope With'
CORONA STUDIES SERIES

1 May 2020
New Delhi

Preface



Today the world is witnessing an unprecedented situation with regard to COVID-19 pandemic. Citizens across the world are united in this hour for battling a common enemy, which is invisible yet potent and is threatening the physical and mental health of all world over. It is at such times, novel efforts are being made by all sectors, be it government agencies, health care professionals, civil administration and the like.

In this vein, the National Book Trust, India took upon itself a noble initiative to assess the psychosocial impact of the pandemic on people of India. The aim was to not only to understand the ways in which the pandemic has altered different facets of the lives of people but also to provide authentic information and guidelines on 'How to Cope' with the psychosocial challenges. For this purpose, a team of experts focused on different groups within the population to understand their unique concerns and suggest guidelines accordingly.

This study is dedicated to Children with Special Needs and Persons with Disabilities. It aims to provide authentic information on COVID-19, its spread, precautions, associated myths and

facts in the first section. The subsequent sections provide insights drawn from the survey study conducted by the researchers to understand the impact of the pandemic on this subset of the population followed by the guidelines. The guidelines are both general and also targeted, which provide structured inputs on 'what' and 'how to do' activities especially with differently-abled. The unique restrictions during the Lockdown period have also been factored in, hence the guidelines have been designed keeping this in view.

The book has been written in an easily comprehendible language and has been made colourful and attractive for the benefit of the readers. Through this study, we aim to contribute in the knowledge pool regarding the pandemic, especially the psychosocial impact in Indian context. As we have collected data through survey and telephonic interviews during the Lockdown; in order to maintain the authenticity, we have used present continuous tense throughout the narrative. Hence, the responses and data from the survey procured will make it more relatable and relevant for the readers of this subset of the population.

We hope, this endeavour of ours' will be able to provide knowledge and assistance to the readers in coping with the pandemic and beyond.

Rekha Chauhan
Harsheeta

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Rekha Chauhan
Harsheeta

Chapter 1

BASICS OF COVID-19

What is COVID-19?

COVID-19 is an abbreviation of 'Coronavirus Disease 2019'. It is a viral respiratory illness caused by a novel coronavirus named as 'SARS-CoV-2' that has not been found in human beings before. It was first identified in Wuhan, Hubei Province, China in December 2019.

Since this is a new virus, there are still things we do not know, such as how severe the illness can be, how well it is transmitted among human beings, and other features of the virus.

Symptoms of COVID-19

Patients with confirmed COVID-19 show mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

Some patients have had other symptoms including muscle aches, headache, sore throat, or diarrhoea. These symptoms may appear 2-14 days after exposure to the virus.

What if I develop symptoms?

If you have travelled to any COVID-19 affected country or city, or came into contact with someone known to have COVID-19 and/or develop symptoms such as fever, cough, and difficulty breathing and shortness of breath, take the following actions:

- Seek medical advice right away. If you can, please call your doctor or emergency room before seeking care and tell them about your travel or close contacts, and your symptoms.
- Avoid contact with others. Resort to self-quarantine till medical care is received.
- Avoid travel while sick.
- If you have symptoms of a respiratory disease (these include fever, coughing, muscle aches, sore throat, and headache), you should stay home for at least 7 days, and for 3 days with no fever and improvement of respiratory symptoms—whichever is longer. (Your fever should be gone for 3 days without using fever-reducing medicine.)

What is the risk, if infected?

- Many cases have mild or moderate illness and may not require a visit to the doctor and most do not require hospitalization.
- Those at highest risk for severe illness include older people or those that have certain underlying health conditions. These include such high-risk conditions as a blood disorder, chronic kidney disease, chronic liver disease, compromised immune

system, late term or recent pregnancy, endocrine disorders, metabolic disorders, heart disease, lung disease, neurological conditions.

- It is best to check with a health care provider to see if you are considered high risk.

The Pandemic - How it spreads

- The virus is thought to spread mainly from person-to-person through respiratory droplets produced when an infected person coughs or sneezes.
  - It spreads between people who are in close contact with one another (within about 6 feet).
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. Washing your hands and cleaning frequently touched surfaces often is a good way to prevent you from getting COVID-19 from touching surfaces.

  The virus spreads most easily when a person has symptoms and is coughing or sneezing. Some spread might be possible even before people show symptoms (when they are asymptomatic).

Methods of Prevention/Protection & How they work

Avoid touching eyes, nose and mouth with unwashed/ unsanitised hands/objects: Hands can pick up viruses as they come in contact with many surfaces. It can then transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

Washing with soap: Viruses such as coronavirus have their genetic material encased in a layer of fat called the lipid envelope. Since the chemical bonds holding the virus together are not very strong, the soap molecules are able to break the lipid envelope of the virus, thus disintegrating the virus RNA into its components which are then removed by water.

Alcohol-based hand sanitisers: Like soap, the alcohol present in hand sanitisers dissolve the lipid envelope, thus inactivating the virus. In addition, the alcohol also tends to change the shape of the mushroom-shaped protein structures that stick out of the lipid envelope. The mushroom-shaped protein structures help the virus to bind to special structures found on human cells and enter the cells. To be effective, the sanitisers should contain at least 60% alcohol. Unlike soap lather, the alcohol does not come in contact with all parts of the hand. So care needs to be taken to use sufficient sanitiser to increase the coverage. Unlike water, alcohol run does not remove the dead viruses from the hand. While a sanitiser can quickly reduce the number of microbes, it does not get rid of all types of germs, and is "not as effective when hands are visibly dirty or greasy."

Practise respiratory hygiene: Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

Using a mask: An article published in the *Journal of the American Medical Association* (JAMA) states there is no evidence to suggest that masks worn by healthy individuals can help prevent infection. However, another study says: "Mask wearing was associated with reduced secondary transmission and should be encouraged during outbreak situations."

The virus is thought to spread mainly from person-to-person through respiratory droplets produced when an infected person coughs or sneezes.

Transmission through droplets from coughing and sneezing is one of the major routes of virus spread. Hence, if worn properly, masks may be effective in preventing transmission of coronavirus. Even the World Health Organization (WHO) says wearing a medical mask is "one of the prevention measures to limit spread of certain respiratory diseases, including novel coronavirus (SARS-CoV-2), in affected areas."

Social distancing: The WHO says that one should maintain at least 1 metre (3 feet) distance between oneself and anyone who

is coughing or sneezing. This is because when someone coughs or sneezes, they may spray small liquid droplets from their nose or mouth which may contain virus. If one is too close, one can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

How can I protect myself and my family?

- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer only if soap and water are not available.
- Avoid touching your eyes, nose, and mouth as much as possible.
- Cover your mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick.
- Avoid contact with sick people as much as possible.
- Avoid non-essential travel.
- The Centers for Disease Control and Prevention (CDC), the US agency charged with tracking and investigating public health trends, does not recommend that people who are well need to wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility). However, face masks may be used as a preventive measure while visiting crowded public places.

Some Facts

According to a recent study published in the *New England Journal of Medicine*, SARS-CoV-2, the virus that causes COVID-19, can live in the air and on surfaces between several hours and several days. The study found that the virus is viable for up to:

- 72 hours on plastics
- 48 hours on stainless steel

Regular Cleaning of Door Handles: Infected persons entering offices, home, public places often use door handles to enter the premises. Hence, it is imperative to clean door handles regularly to prevent spread of Coronavirus to the healthy persons.

- 24 hours on cardboard
- 4 hours on copper
- 3 hours in the air

The fact that virus can last on plastic for 72 hours sounds really scary. However, what's more important to understand is the amount of the virus that remains. It's less than 0.1% of the starting virus material. Infection is theoretically possible but unlikely at the levels remaining after a few days. The safe way is to periodically wipe the surfaces with soap solution/alcohol based sanitising solution.

While the *New England Journal of Medicine* study found that the COVID virus can be detected in the air for 3 hours; however, respiratory droplets sink to the ground faster than the aerosols produced in this study. This means that the risk of catching the viral infection from air is minimal unless someone infected sneezes or coughs within 6 feet of your face and/or you happen to inhale the air containing the emitted respiratory droplets within a few minutes.

How does the virus that causes COVID-19 compare with other coronaviruses, and why are we seeing so many more cases?

The *New England Journal of Medicine* study suggests that the stability of SARS-CoV-2 is very similar to that of SARS-CoV-1, the virus that caused the 2002-2003 SARS global outbreak. In addition, researchers believe people can carry high viral loads of the SARS-CoV-2 in the upper respiratory tract without recognizing any symptoms, allowing them to shed and transmit the virus while asymptomatic. This long gestation period is what has facilitated it to turn into a pandemic. This explains the need for self-quarantine for 2 weeks in case of any contact with/visit to infected persons/places.

Some Myths

"With COVID-19, because of the growth of social media platforms in recent years, information is spreading faster than the virus itself," WHO social media manager, Aleksandra Kuzmanovic told CNN. The WHO calls it *'infodemic - an overabundance of information'* – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it. Some Myths prevailing in general about the pandemic have been listed out below with explanations to help disseminate correct information.

General Myths and Facts

Myth 1: ***COVID-19 virus cannot be transmitted in areas with hot and humid climates. Once the summer season arrives and the weather warms up, the virus won't survive.***

Fact: From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. There is no evidence that the weather or indoor temperature affect the survival of the COVID-19 virus on surfaces. Hence, regardless of climate or ambient temperature, everyone should adopt protective measures if one lives in, or travels to an area reporting COVID-19.

Myth 2: ***The new coronavirus can be transmitted through mosquito bites.***

Fact: To date there has been no information or evidence to suggest that the new coronavirus could be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.

Myth 3: ***Eating garlic helps prevent infection with the new coronavirus.***

Fact: Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus.

Myth 4: ***Drinking water every 15 minutes will prevent you from contracting the virus.***

Fact: Trudie Lang, a University of Oxford professor who specialises in global health, told that washing away a respiratory virus is impossible.

Myth 5: ***If you can hold your breath for ten seconds without discomfort, you don't have COVID-19.***

Fact: According to Gavin Macgregor, an infectious disease expert, most young patients with coronavirus will be able to hold their breath for much longer than 10 seconds. At the same time, many elderly people who don't have the virus might not be able to do it. [Many social media posts and forwarded messages attribute this myth to *Stanford University*, but an official from the university has claimed this news is fake and they are not responsible for issuing it.]

Myth 6: ***You can protect yourself from COVID-19 by swallowing or gargling with bleach, taking acetic acid or steroids, or using essential oils, saltwater, ethanol, or other substances.***

Fact: None of these recommendations will protect you from getting COVID-19, and some of these practices may be dangerous, says Lisa Maragakis, MD, MPH, Senior Director of infection prevention at Johns Hopkins University School of Medicine.

Common Myths Prevalent Among Indian Children, Adolescents and Youth

During the course of the present study, some common myths prevalent among Indian children and youth were observed, and the same are listed with explanations for correct dissemination of information among this segment.

Myths Among Children and Adolescents

Myth #: ***My Hand dryer can kill the new coronavirus***

Fact: According to the WHO, hand dryers are not effective in killing the new coronavirus. Instead, the best way to protect oneself against COVID-19 is to wash hands frequently (or clean them with an alcohol-based hand rub), then dry them thoroughly with paper towels or a warm air dryer.

Myth#: ***The new coronavirus only affects older people***

Fact: Unfortunately, people of all ages can be infected by the new coronavirus. However, "older people, and people with pre-existing medical conditions (such as asthma, diabetes, heart disease) appear to be more vulnerable to becoming severely ill with the virus," the WHO points out.

Myth #: ***Pets can spread the new coronavirus***

Fact: While pets can spread certain forms of coronavirus, the WHO confirms that presently, there is no evidence that domesticated animals can be infected with or spread the new coronavirus. However, it is always a good idea to wash hands with soap and water after contact with pets, according to the WHO. This protects one against various common bacteria that can pass between pets and humans.

Myth#: ***If you have coronavirus, "you'll know"***

Fact: COVID-19 causes a wide range of symptoms, many of which appear in other respiratory illnesses such as the flu and the common

cold. Specifically, common symptoms of COVID-19 include fever, cough and difficulty breathing, and rarer symptoms include dizziness, nausea, vomiting and a runny nose. In severe cases, the disease can progress into a serious pneumonia-like illness — but early on, infected person or children may show no symptoms at all.

Myths Among Youth

Myth #: *Spraying alcohol or chlorine all over your body can kill the new coronavirus*

Fact: While spraying alcohol and chlorine is a great method to disinfect surfaces—and even using an alcohol-based hand sanitizer can help keep your hands clean—using the chemicals all over your body isn't going to kill the virus if you've already been infected. "*Spraying such substances can be harmful to clothes or mucous membranes (i.e. eyes, mouth),*" the WHO points out.

Myth #: *Regularly rinsing your nose with saline can help prevent infection with the new coronavirus*

Fact: While regularly rinsing your nose with saline may help you recover more quickly from the common cold, it hasn't been shown to help prevent respiratory infections in general, including coronavirus. Keep in mind too, when you do rinse your nose with saline to help cold symptoms, make sure the product is sterile. And if you opt for a neti pot, make sure that water has also been sterilized—either distilled water or water that's been boiled and then cooled back down—instead of tap water, which can increase your risk of infection.

Chapter 2

THE PSYCHOSOCIAL IMPACT

Coronavirus (COVID-19) has proved to be a novel and unprecedented pandemic in modern times marked by several challenges at various levels for mankind across the globe. Hence, it is understandably a challenging time for everyone around the world as this is not only medically a cause of concern, but also brings with it a plethora of ambivalent/ mixed emotions and psychosocial stressors for all. These stressors could be amplified much more for individuals with special needs and differently-abled individuals, youth and adults alike.

These concerns and challenges then spiral into several other psychological, social and medical concerns for differently-abled individuals. While individuals may subjectively experience these issues differently, yet there are some issues common to most differently-abled individuals and their families in India. To understand the concerns and challenges faced by them during the crisis of COVID-19, primary data has been gathered by a group of psychologists working on The Corona Study Series, initiated by the National Book Trust, India.

Before we discuss the issues and challenges faced by differently-abled individuals and their families, let us first understand the

impact of a pandemic, such as COVID-19, generally and on mental and emotional well-being in particular. In a situation like this, in addition to being a major health concern for people world over, 'uncertainty', 'ambiguity' and 'fear' about various aspects related to this pandemic further complicate the picture. Individuals are displaced, get locked-down/ stuck at various places, at times, away from family; hence, normal life and routine are disrupted. Particularly during Lockdowns, individuals fear losing their job, delay in salary, difficulty in managing work, scarcity, and non-availability of resources so on and so forth.

In this condition, it is only 'natural' and 'normal' to feel anxious, worried, fearful, helpless, tensed or depressed and this is very evident from the increase in the number of distress calls being made to counsellors and psychologists globally and particularly in India. While some individuals seek psychological, social and emotional help, others may be hesitant to ask for help due to the fear of being ostracised because of the stigma/label attached.

Everyone reacts differently to stressful situations. How an individual appraises and responds to the pandemic and the challenges associated with it can depend on one's background, certain different life circumstances, age group, community one lives in, financial health, etc. Certain groups may be more vulnerable and may experience a heightened level of stress and anxiety. Below are some such groups:

- Aged individuals and people with a pre-existing chronic disease who are at higher risk for COVID-19.
- Children and teenagers.
- Individuals in the health care sector working with patients of COVID-19.
- Individuals who have mental health conditions including problems with substance use, anxiety, depression, etc.

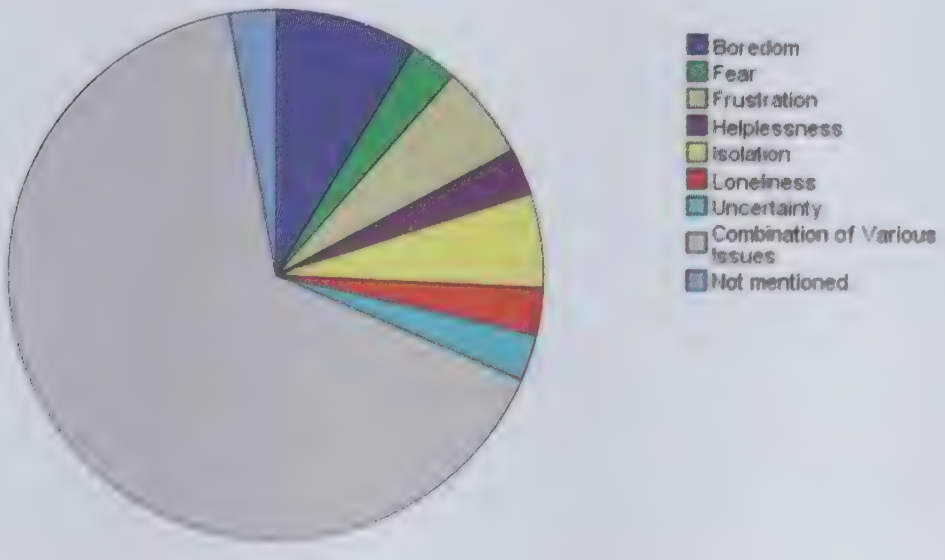
- Families of individuals who are suspected/confirmed patients of COVID-19.
- Individuals with special needs and who are differently-abled.

Two primary factors play a role in this situation: Separation and Uncertainty

Separation—whether from parents, siblings, grandparents, peers, teachers, teammates, neighbours, or friends—can be difficult for individuals; this can be worsened in a climate where many are worried and uncertain about the health of themselves or others.

Here our endeavour is to identify certain issues and challenges faced by individuals with special needs (children, youth and adults) due to the pandemic and Lockdown and thereafter suggest some measures on how to effectively and productively cope with these issues and challenges. The primary focus here would remain on the differently-abled individuals and their families. Here, it is pertinent to highlight that the issues outlined here are based on the responses gathered by the survey conducted by a team of Psychologists, for this study. The responses have been received by

Issues faced by the participants during COVID-19 and Lockdown



getting online questionnaires filled up and telephonic interviews of differently-abled individuals and/or members of their families.

Issues and Challenges

Following are the psychosocial challenges that individuals, particularly those with special needs and members of their families have reported in India:

1. **Initial shock, fear and anxiety**
   There is a feeling of constant fear, anxiety, and apprehension around the possibility of contracting COVID- 19. The 'What If' syndrome affects the psychosocial functioning of the individuals as they not only feel anxious and stressed out but this also affects their functioning in daily life, routine and social interactions as one is clueless as to how one should deal with this situation. Some other emotions reported by differently-abled persons are:
   - Anxiety
   - Frustration
   - Boredom
   - Low self-esteem
   - Isolation and Loneliness
   - Helplessness
   - Hopelessness and Depression
2. **Disruption to normal life, routine and therapy sessions**
   It is a known research psychological fact that human beings benefit greatly from structure, routine, familiarity and predictability. As one feels comfortable in familiar and predictable settings. When this is disrupted, like in the present situation, individuals feel uncomfortable and experience a sense of 'loss of meaning' in life. Also, one derives a sense of purpose and meaning from the activities one indulges in,

therefore during such disruptions to routine activities, one experiences loss of 'purpose' and 'meaning' in life, leading one to feel hopeless, helpless and depressed. This is particularly true for individuals with special needs, especially the younger population.

It is brought out by the data collected through the survey that most individuals are feeling uncomfortable due to the disruption and discontinuation in special education, occupational therapy, speech therapy, school, vocational courses, etc.

3. **Restricted mobility**

This is another area of concern amongst individuals as they are confined to their surroundings and led to disconnect from their social interactions, which was a major source of strength for many. For instance, children and youth with special needs reported missing their peers and playing with them. Elders too reported missing going to parks, religious places, etc which served as a source of recreation as well. This has largely led individuals to experience boredom.

4. **Escalation in pre-existing issues**

It is observed from the reports from across the world and also from India that individuals with pre-existing issues are experiencing an escalation in their symptoms and issues. For instance, children and youth with special needs (ADHD, Autism, Conduct Disorder, Learning Disability, etc) have started exhibiting more of extreme forms of behaviours like:

- Acting out behaviour
- Irritability
- Sleeplessness and restlessness
- Anxiety
- Depression

- Aggression
- Other behavioural issues

This is possibly the result of several factors like fear of getting sick, ambiguity and uncertainty of the situation and disruption to normal, routine life. The caregivers are also dealing with different challenges while trying to cater to the needs of the differently-abled individuals.

5. **Concern over continuity of special aids, medicines and medical assistance**

Another major concern of individuals on medication or take medical treatment and assistance is around the continuity of medical supplies and the extent of access to such assistance during the contagious stage of COVID-19, particularly Lockdown. Several individuals, especially older individuals with cerebral palsy, MR, senile dementia or other mobility related issues, who utilise the services of medical attendants like nurses etc, are finding it all the more challenging as access to such assistance has been disrupted rendering them helpless.

6. **Concern over equality in getting medical assistance and treatment for COVID-19**

There have been concerns reported from across the globe by several individuals with special needs, particularly those who are older, regarding the possibility of receiving medical assistance at par with the others, in case they contract the virus. Concerns like whether or not they will be getting the same priority and treatment like the others or will they be subjected to discrimination in terms of priority allotted to them. Though in India, there are no such incidents or cases which would indicate towards such a practice, in fact the government and medical agencies have treated all citizens at

par with regard to treatment, medical attention and support services. Nonetheless, such apprehensions on the part of the differently-abled individuals are understandable given the novelty of the situation and the burden on the health care infrastructure.

7. **Functional dependency and issue with maintaining hygiene while ensuring social distancing**
   Reports from across the world have cited that differently-abled individuals, by virtue of being functionally dependent

Dealing with Fear, Anxiety and Uncertainty: Children are likely to be experiencing deep emotions like worry, anxiety, and fear etc, during times of Lockdown.

on others may face difficulties to ensure higher levels of hygiene and follow the stringent guidelines like frequent hand-washing, wearing masks while practicing social distancing. This is another area where due deliberation needs to be done.

8. Additional issues to look out for in differently-abled children and youth

Anxiety experienced by younger individuals is manifested in diverse forms, parents and caregivers should look out for these symptoms and behaviours so as to appreciate their emotional and psychological needs better. Some of the behavioural manifestations could be:

- Excessive crying or irritation in younger children.
- Exhibiting to behaviours pertaining to a younger phase of life (for example, toileting accidents or bedwetting).
- Excessive anxiety, sadness or gloominess.
- Unhealthy altered eating or sleeping patterns.
- Irritability and "acting out" behaviours in teens.
- Difficulty in concentration and reduced attention span.
- Avoidance of activities enjoyed in the past.
- Onset of sudden headaches or body pain.
- Use of alcohol, tobacco, or other any drugs.

In one of the survey question when asked, *"Daily outcome of restriction on regular outdoor activities/ therapy sessions /occupational therapy for you is _____" Usual responses of parents and caregivers were, "Routine disrupted and Behavioural issues."*

9. Additional concerns reported by differently-abled individuals in India and world over

Several online reports, surveys and articles reveal that differently-abled individuals are experiencing the following psychosocial challenges.

Outcomes of restriction on participants' daily activities

Note: The detailed analysis of the responses received is given at the end of this chapter

In India:

In India, Persons with Disabilities have raised concerns and are demanding necessary arrangements to be made in the following areas:

- Medical Supplies.
- Transportation/ Movement of the helpers/ caregivers of the people with Disabilities, elderly people and people with chronic diseases.
- Fair pricing and fixing of prices for medical utility items.
- Passes for the caregivers should be made available easily during Lockdowns.

Individuals in India have brought out that some of them are facing major concerns especially due to the Lockdown. One person has reported:

> *"This Lockdown is having a major effect on my health and well-being in several ways. As I need daily physiotherapy*

and I have a bedsore which needs medical dressing every day, which is not happening now."

While another person with spinal cord injury has reported a similar concern due to non-availability of attendant and physiotherapist.

Individuals have requested for easy availability of passes for caregivers and attendants. Additionally, Persons with Disabilities have acknowledged that both Centre and State Governments have taken several steps to ensure uninterrupted supply of medicines and medical aids (like catheter, masks, etc) however at ground level, implementation needs to be improved.

In one of the survey questions when asked,

"Are there specific medical/ support/ counselling services which have been disrupted due to the Lockdown? If yes how are you dealing with it? The response of 9-year-old boy was, "Not able to attend special education sessions."

Another response to the same question was, "Speech therapy has been disrupted". While a 26-year-old man, said "my wife is also disabled. We are struggling to get daily food."

From across the world

- Fear and worry about one's health and the health of loved ones.
- Changes in sleep or eating patterns.
- Difficulty sleeping or concentrating.
- Worsening of chronic health problems.
- Increased use of alcohol, tobacco, or other drugs in cases of substance abuse/ dependence.

Feeling of insecurity amongst older and differently-abled population.

RESPONSE TO LOCKDOWN EXTENSION

Vijay Bharati, 30-year-old male with Locomotor disability, and living in a joint family and working in education field was asked about his reaction to the extension of 21-day National Lockdown that was to end on 14th April till 3 May, 2020. He stated:

According to me the government has an important motive behind this extension. All the people who are suspected cases also need to be in quarantine and public should support as this is sure for good and to save lives. This extension will not change much for me, however, the essential providers and poor people should get the understanding that they need to approach for help than suffer as government has provisions. Most important is survival, I need to be alive first to go out and enjoy, therefore, I strongly support this extension of Lockdown.

Statistical Representation of Responses Pertaining to Community Perception

Table 1: Disability Category of Participants

Category	N	%
Specific Learning Disability	13	37.1
Autism Spectrum Disorder	6	17.1
Intellectual Disability	5	14.3
Dwarfism	2	5.7
Down Syndrome	2	5.7
Polio	1	2.9
Blindness	1	2.9
Hearing Impairment	1	2.9
Not mentioned	4	11.4

Note: N= 35. Majority of the participants had Specific Learning Disability followed by Autism Spectrum Disorder. Some participants (n=4) did not disclose their disability.

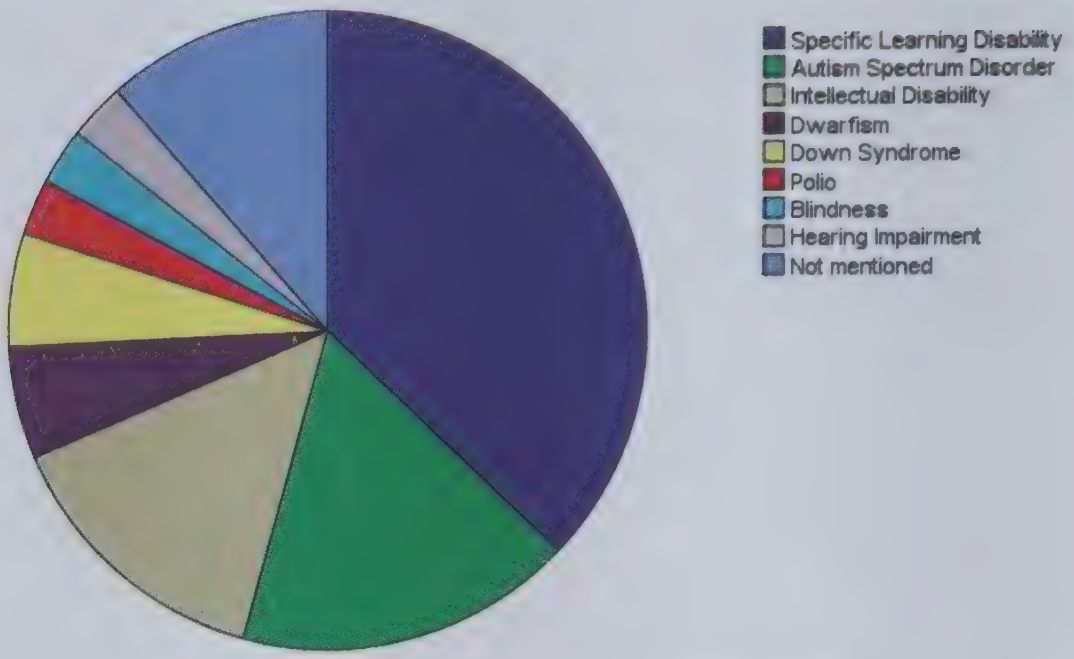


Figure 1: Disability category of participants

Table 2: Month in which participants first heard about COVID-19

Month	*N*	%
December 2019	5	14.3
January 2020	13	37.1
February 2020	8	22.9
March 2020	9	25.7

Note: Majority of the participants came to know about COVID-19 in January 2020.

Table 3: Source of information about COVID-19

Source	*N*	%
Newspaper	2	5.7
News Channels on T.V.	12	34.3
Internet	11	31.4
Friends/Relative/Colleagues	10	28.6

Note: For majority of the participants, the information about COVID-19 was gained through news channels on television.

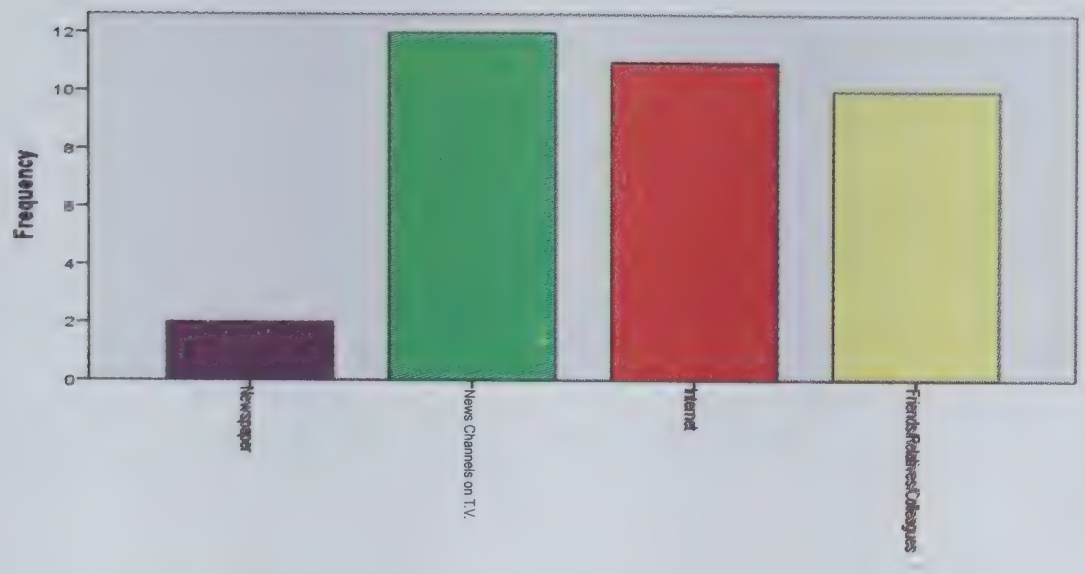


Figure 2: Source of information about COVID-19

Note: Various sources of information for the participants regarding COVID-19 are shown.

Table 4: Level of knowledge of participants regarding COVID-19

Level of knowledge	*n*	%
Adequate	24	68.6
Most of it is creating confusion	3	8.6
Information Overload- not sure what to believe	3	8.6
Insufficient	3	8.6
Disturbing and Scary	2	5.6

Note: Majority of the participants had adequate level of knowledge about COVID-19.

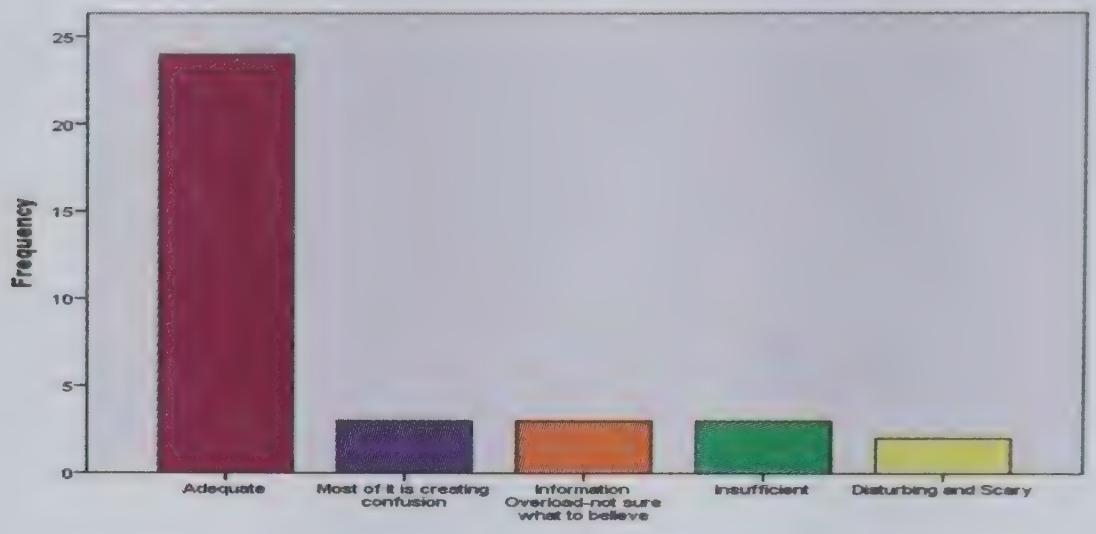


Figure 3: Level of knowledge of participants regarding COVID-19

Table 5: Satisfaction levels of participants with current living arrangements during COVID-19

Satisfaction Level	*N*	%
Very Good	12	34.3
Satisfactory	18	51.4
Not Good	5	14.3

Note: Majority of the participants reported satisfactory level with regard to their current living arrangement during this pandemic.

Table 6: Issues faced by the participants during COVID-19 and Lockdown

Issues	*N*	%
Boredom	3	8.6
Fear	1	2.9
Frustration	2	5.7
Helplessness	1	2.9

Issues	*N*	%
Isolation	2	5.7
Loneliness	1	2.9
Uncertainty	1	2.9
Combination of various issues	23	65.7
Not mentioned	1	2.9

Note: Majority of the participants faced a combination of these issues listed in the table.

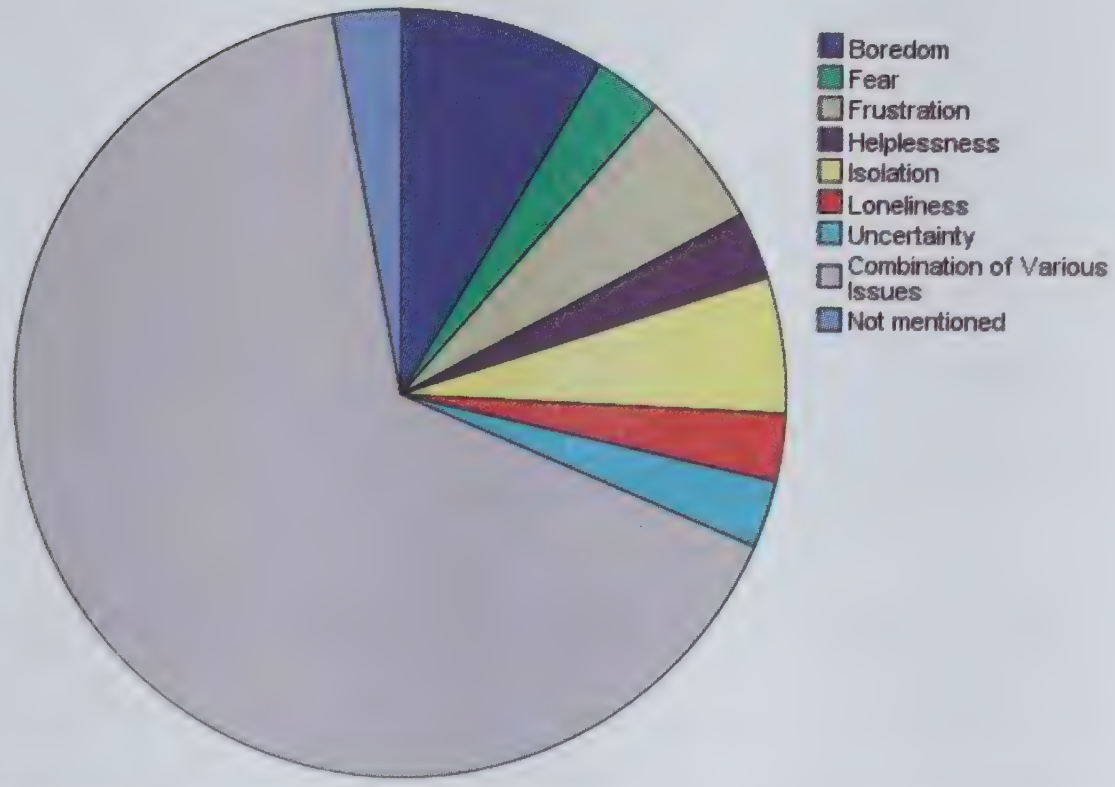


Figure 4: Issues faced by the participants during COVID-19 and Lockdown

Table 7: Mood states of participants' family members and care takers during Lockdown

Mood States	*N*	%
Happy	6	17.1
Relaxed	14	40.0
Sad	7	20.0
Indifferent	3	8.6
Other	5	14.3

Note: Majority of the participants reported a relaxed state of members of their families and caretakers.

Table 8: Outcomes of restriction on participants' daily activities

Outcome	*N*	%
Laziness	9	25.7
Routine Disrupted	12	34.3
Behavioural Issues	6	17.1
Other	5	14.3
Not mentioned	3	8.6

Note: Majority of the participants reported that their routine got disrupted as a result of the restriction. Some participants reported reasons such as missing out on their therapy sessions, play activities and other outdoor activities, going to their school etc.

Table 9: Any emergency situation faced by the participants during Lockdown

	N	%
Yes	2	5.7
No	24	68.6
Little	7	20.0
Other	1	2.9
Not mentioned	1	2.9

Note: Majority of the participants reported of not facing any emergency situation during the Lockdown. One of the participants reported total dependence on the caregivers during the Lockdown.

Table 10: Methods used by participants to cope up with their regular work

Method	*N*	%
Online	5	14.3
On phone	1	2.9
No work	13	37.1
Other	2	5.7
Combination of various methods	10	28.6
Not mentioned	4	11.4

Note: Majority of the participants reported having no work. Participants also reported of using various methods and two participants reported studying at home with the help of their caretakers.

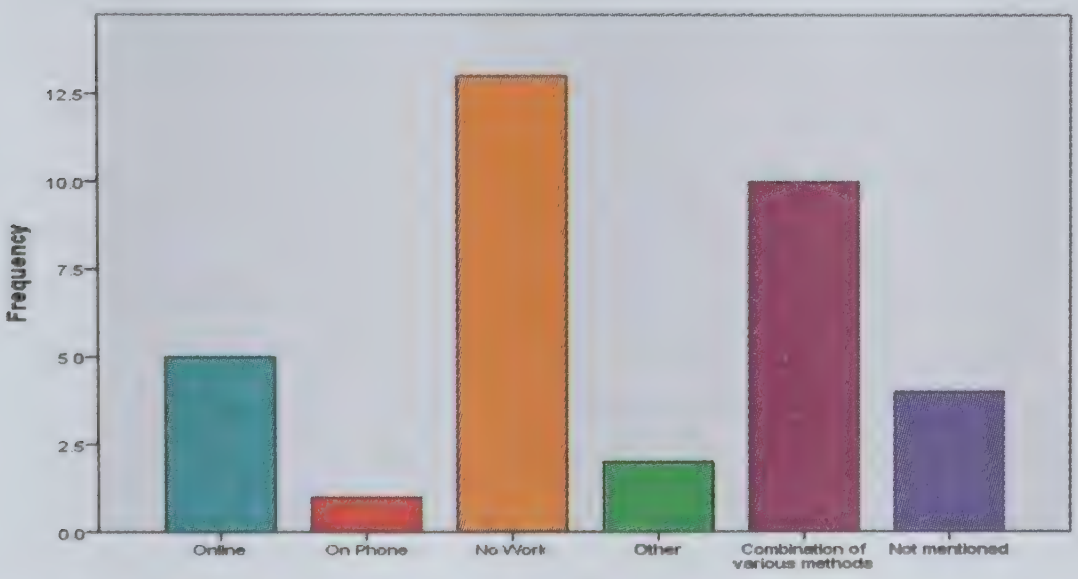


Figure 5: Methods used by participants to cope up with their regular work

Participants coping in response to disruption of specific services during Lockdown

Results reveal that words and phrases related to the therapeutic services appeared more frequently as compared to other services. The participants did not report any specific way of coping with these obstacles in the services. From the analysis, it can be concluded that the therapeutic and management services

which help the participants deal with the challenges of their day to day life are most significantly affected as compared to the other services.

Dealing with Challenges during COVID-19 Pandemic

As this is a novel situation primarily marked by 'uncertainty' it leads to ambiguity, stress, apprehension, and anxiety. These emotions are further magnified when a family has one or more members as suspected or diagnosed cases of COVID-19. The challenges could be at multiple levels: Medical, Psychological, Emotional, Societal and Financial. Changed routines, social distancing and following medical protocols compel the individuals to adapt to the new situation and cope with it too.

Having understood the challenges and issues faced by individuals in such a crisis situation, particularly by differently-abled individuals and individuals with special needs (children, youth and adults), we now attempt to suggest some measures which could prove to be useful in coping with this situation and similar such situations in a more productive and constructive manner. Adopting these strategies would enable individuals to attain better psychological, emotional, physical and functional capability. The measures are simple steps that could be followed by individuals depending on their context and situation. No external assistance/guidance is required in adopting these measures and they are presented here keeping in view the Indian context.

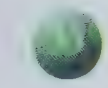
This section would comprise of two sub-sections, the first section would comprise of general tips and points for all age groups and the second sub-section would comprise of specific strategies and activities for specific groups of differently-abled individuals.

General Tips

1. **Dealing with Fear, Anxiety and Uncertainty**
   Firstly, remember it's natural and normal to experience these emotions in a crisis situation. How we cope with it is what is important.
   - **Calm yourself** by reminding yourself that 'you are not alone', there are thousands of individuals facing a similar situation as you are and there are thousands who are handling the situation well and are getting the right medical attention and care.
   - **Have faith** in the agencies at different levels in your country who are tirelessly and selflessly working for the safety and health of the people of this country.
   - **Own up and come out** with facts and share with the agencies involved in dealing with the pandemic. In this regard, it is crucial to come out and inform the authorities if you feel you or your family member is at the risk of contracting the virus. This is important for you and your loved one's health as it would ensure that you get appropriate timely medical assistance. Hiding facts like travel history or contact with an infected person only puts your life and the life of others at risk.
   - **Follow advice and guidelines** promulgated by health care professionals and other agencies with utmost sincerity. Remember, laxity in following advice given especially by health care professionals need to be followed. Whether it be on hospital admission, guidelines during isolation or quarantine, the key is to do as one is told. Negligence to follow doctor's advice could prove detrimental not only for the health of your loved one but also your own and others around. These are several individuals in India who

have been successfully treated and discharged from the hospitals, this was only possible as they complied to the instructions, steps and guidelines given by health care professionals etc.

- **Gain authentic knowledge** about the pandemic only from credible sources. The source of most of our anxiety is the 'fear of the unknown' and 'lack of information' which leads us to pre-empt things, worry about things that are uncertain for us so on and so forth. Hence, it is seen that when individuals gain authentic knowledge from credible sources like government websites, portals and press releases; this can significantly help individuals to reduce the fear of the unknown. Additionally, stress levels are enhanced due to the rumours which are spread by certain individuals. This is unavoidable given the free access to social media and technology and this, in turn leads to panic, especially for those who are in the thick of things or have a pre-existing history of issues related to anxiety, depression and the like. Therefore, safeguard yourself from falsely believing rumours and relying on social media for information. Therefore, always ensure the authenticity of the source of information and distinguish facts from rumours as facts can help to minimize fears. Some of the authentic sources are WHO website and Press Information Bureau of India.
- **Educate yourself and stay informed** not only about the virus, how it spreads, precautions, treatment, etc but also about the different provisions and facilities provided by the government for those affected by COVID-19 and their families. Information about the same will



greatly help you in dealing with this situation by being aware of what to do and what not to. For instance, the government has released the list of labs where testing for COVID-19 is taking place in India, awareness about the same makes it easier for individuals to know where to go, in case, they experience symptoms associated with COVID-19.

- **Avoid compulsive and overexposure to the news**– Avoid constantly or suddenly watching, reading, or listening to news stories. It can be overwhelming to hear about the crisis and may lead to you feel anxious and distressed. Try to keep yourself engaged in other activities to shift your focus. Restrict yourself from constantly switching on to TV/ radio, instead fix the timings in a day to catch up on what is happening, for example, twice a day at a fixed time. This would limit your exposure to anxiety provoking news and images.

2. **Take all necessary precautions**

Individuals, especially caregivers of differently-abled individuals must ensure to follow all precautions like hand-washing, use of sanitizers, usage of masks and social distancing. Ensure proper hygiene to not only safe guards you and your family against the virus, but also this will also prevent you from other illnesses. To remain healthy is an important step in this crusade against the virus.

3. **Eating healthy and boosting immunity**

- In an attempt to keep the body healthy, it is also essential that one takes steps to enhance one's immunity. Some simple methods of enhancing immunity by natural means

include intake of 'natural foods' like Ginger, Cloves, Garlic, Turmeric, Cumin and Coriander. All these ingredients are used in Indian homes and hence are easily available. Besides, drinking warm water is a good practice to soothe the throat and wash off the virus as suggested by several naturopathy doctors from across the world.

- **Regular exercise** especially yoga asanas, other breathing exercises and meditation are advised to improve the functioning of the lungs and enhance immunity. Additionally, ensure adequate sleep and avoid alcohol, tobacco or any other type of toxic substances as research suggests that these things lead to unhealthy ways of coping and negatively impact the physical and mental health of a person in the long run.

  For more details on natural ways to enhance one's immunity, one can visit the AYUSH Ministry Website as they have given a detailed list of foods and steps to boost immunity during this period.

  Link: http://ayush.gov.in/event/ayurveda-immunity-boosting-measures-self-care-during-covid-19-crisis
- **Cultivating hope, positivism and optimism.** Research findings indicate that one of the most powerful ways to enhance immunity is by ensuring the experience of positive mood states and emotions. Studies have indicated that individuals who experience positive emotions like happiness, optimism, hope, gratitude, etc have better immune system. Hence despite the stress, one must endeavour to cultivate these emotions in self and others especially during quarantine or Lockdown phases, where one needs to positively utilise one's time in addition to enhancing one's psychological and emotional

Eating Healthy Food: Encourage children to have healthy food to maintain their immunity to fight against Coronavirus.

well-being. There are several ways by which this can be achieved:

- Listening to soothing music
- Indulging in a hobby or an activity that one enjoys doing

- Enhancing your skill set by learning something new, for example taking an online course on something or reading and learning a new skill
- Practice mindfulness, relaxation and meditation activities. Several resources are available on the Internet to learn and follow from.

There is strong research evidence to suggest that these activities lead individuals to experience higher levels of positive emotions and consequently enhance other areas such as immunity, creativity, higher stress tolerance, better problem-solving capacity, etc.

Tips for caregivers/parents of differently-abled children and youth

- **Communicate and explain the pandemic in an easily comprehendible language**

  Caregivers should ensure they explain the current situation, about the virus and precautions to be taken to the differently-abled members of their family. This should be communicated in a manner which is simple to understand and appropriate keeping in mind their intellectual and maturity level in mind, If children have concerns, addressing them together may ease their anxiety. As children learn by observing adults' behaviours and emotions, model healthy forms of behaviour and cues for mature emotional regulation and management, especially during stressful times.

  It must be ensured, especially for older individuals, that they are kept in the loop and be informed from time to time of the situation so that they don't feel left out and anxious.

Communicate and explain the pandemic: In current situation of pandemic, there is a need to explain and give age-appropriate information to children with special needs

- **Recreate new routine and follow familiar ones**
  As far as possible, familiar routines and activities in daily life must be followed as far as possible, this gives a feeling of comfort and brings in order in daily life. New routines must be created, especially if children and young adults are at home. Provide engaging age-appropriate activities for children, including activities for their learning.

- **Address attachment issues**
  During times of stress and crisis, it is common for children to seek more attachment and be more demanding on parents. Be gentle and empathetic to children with special needs as they require more patience. Talk to them, address their concerns and guide them to utilise their time effectively. Display more affection if required to soothe the younger individuals.
- **Practice therapy and special education at home**
  Caregivers must ensure, as far as possible, therapy should be carried out at home for children and young adults. In case, the caregiver is not equipped, he/she may utilise different methods like webinars, telephonic conversation etc with the special educators/therapists to maintain continuity as far as possible. There are several resources available on the Internet which provides scientific activities for children to enhance their attention span, selective attention, balance and coordination, etc.

Tips for caregivers of differently-abled older adults

- **Provide simple and clear instructions**
  For older individuals with or without cognitive impairment, Information regarding COVID-19 and particularly the precautions should be converted into 'simple facts' and 'clear instructions' should be imparted for instance hand-washing, use of sanitizers, etc on how to reduce the infection.
- **Reiterate the information**
  Reminding and repeating information may be required in certain cases like for individuals with senile dementia, Alzheimer's etc. Remind the individuals to follow the hygiene protocols. For this, one can make posters with pictures and stick them at different places in the house as a reminder. One

can even set alarms to remind individuals for frequent hand-washing etc. Instructions that are verbally communicated, especially to aged individuals need to be in a clear, concise, respectful and patient way.

- **Gear for emergency requirements**
  Keeping in view the medical emergency requirements that may arise, prepare in advance by gathering up information as to whom to contact, arrangement for conveyance to hospital, arranging medical assistance and care, and tie up in advance should a situation arise, especially during the Lockdown.
- **Enhance mobility**
  Persons with disability are bound to face boredom like everyone else. Therefore, help them with simple physical exercises, encourage them to indulge in enjoyable activities like singing, reading, etc. This would enhance their mobility and break the monotony.
- **Access to medicines and medical aids**
  Make sure that you have access to essential, generic psychotropic medications at all levels of health care. Caregivers residing with individuals with long-term mental health conditions or epileptic seizures should ascertain uninterrupted access to medication and necessary medical aids. Avoid discontinuation as far as possible.
- **Make them feel involved and important**
  In order to engage differently-abled children and adults, involve them daily chores, give them specific age-appropriate duties and responsibilities in the house so that they feel involved in the entire process. For instance, the children could be given the responsibility to set an alarm and remind all other family members to wash their hands so on and so forth.

Activities to enhance general mental and emotional well-being

Here are some activities which have been scientifically proven to enhance positive mood, experience of subjective-wellbeing, self-esteem, creativity and better problem-solving skills, better emotional regulation, etc. Such research findings have been reported from different cultures and diverse age groups, hence are applicable for all.

Activity 1: Count your blessings

In this activity, the individual is required to pen down all his/her blessings in life, things for which one is grateful for. This could be one's good health, good social relations, caring family, satisfying job, etc. One can even be creative about this activity by writing one's blessings on a chart paper, decorating it and sticking it in one's bedroom or can make such a list in the cell phone and set it as the wallpaper. The idea behind it is to keep reminding oneself of the blessings one has in life. This has been found to enhance happiness and feeling of gratitude in individuals, which is highly linked to better emotional well-being and resilience. This activity can be converted into a game as well, where individuals of a family sit together and discuss each one's list.

Activity 2: Express gratitude

Research findings in the area of ways of enhancing happiness and subjective well-being consistently point toward cultivating the emotion of gratitude. This emotion has been linked to several positive outcomes for individuals like an increase in levels of happiness, better social relations, positive mood, etc.

For this activity, think about all the important people in your life, family, friends, relatives, colleagues, etc who may have done

Reiterate the information: Reminding and repeating information to a differently-abled person will help him/her to be alert against the spread of Coronavirus.

something for you for which you are grateful to them. Reflect on these experiences and either call them up and tell them about your feelings, appreciation and gratitude that you feel for them or you could sit with your family members and share such experiences. Verbalising such feelings not only make us realise how blessed we are and acknowledge the contribution of others in our lives but also enhances social relations as the other also realise that you

acknowledge and appreciate them and their contribution in your life, thereby fostering positivity in relations and strengthening social bonds.

Activity 3: Share and learn

In this activity, listen to/ read about/ share the stories of others who faced any type of crisis or challenge in their life and overcame it. Learning about other's success stories fosters 'hope' in us, which is required to face any challenge in life, big or small. Additionally, it broadens our thinking to different ways of solving a problem thus enhancing our thinking process.

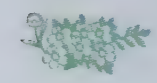
In this crisis situation of COVID- 19, read about or listen to stories and accounts of individuals who have successfully recovered and resumed their normal life. Indulging in this activity makes us more hopeful, positive and optimistic in our outlook.

Activity 4: Look for the silver lining

It is said that there is always a silver line in the darkest clouds and one should look for it. In this activity, you are required to pen down or reflect and share with your loved ones all the good/ positive things which have happened even during these times of global crisis. For instance, many individuals in India have reported saying that they are actually happy spending time with family, not stressed out because of their busy schedule, doing things they had been postponing since long etc. Additionally, some other ways of looking at this situation may include the positive effect the Lockdown has had on mother earth, the air quality of India, reduced pollution etc. The idea behind this activity is to change one's perspective towards a more positive and constructive way rather than focusing on the gloom which further fosters negative feelings in one and others around.

During the times of Global Crisis, reflect & share all types of good and positive things with your loved ones.

Chapter 3



PSYCHOSOCIAL SUPPORT AND MANAGEMENT

World Health Organisation has said that Differently-abled is a person who has an impairment that produces functional limitations, restrictions in activities or has social handicaps'.

Disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap is a disadvantage for a given individual, resulting from an impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual and impairment is any loss or abnormality of psychological, physiological or anatomical structure or function.

As per RPWD Act 2016 "Person with Disabilities" means a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.

Different Types of Disabilities as per RPWD Act 2016	
Physical Disabilities	blindness and low vision, deaf and hard of hearing, locomotor disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy
Intellectual Disabilities	autism, down syndrome, specific learning disability, mental retardation
Mental Behaviour (Illness)	"mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by subnormality of intelligence.
Chronic Neurological Conditions & Blood Disorder	multiple sclerosis, Parkinson's disease, thalassemia, sickle cell disease, haemophilia
Multiple Disabilities	(more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

It is important to understand here that having a disability probably doesn't, by itself, put someone at higher risk from COVID-19. Let's take an example, someone who is Blind, Deaf or someone who is in a wheelchair is not more likely to be infected than anyone else. However, those with specific disabilities or chronic conditions may make them more susceptible to this disease.

Like any other outbreak, Lockdown due to COVID-19 has impacted the daily lives of people with disabilities, especially those who depend on others for day-to-day functioning. Examples might include getting up and getting ready for work, bathing, dressing, cooking, cleaning, providing travel assistance for an employee with a mobility impairment; helping an employee with a cognitive disability in decision-making; reading printed materials to an employee who is visually impaired; or ensuring a sign language interpreter is present during meetings for an employee who is Deaf in the office. Each individual's case needs to be looked at on an individual basis.

The government has imposed several simple guidelines to prevent the risk of coronavirus like hand washing with soap and water, covering mouth and nose with a mask and maintaining social distancing or self-isolation. However, people with disability find even these simple steps harder to perform and keep themselves safe. For Example:

Hand Washing

Many people with disability can't move their hand freely to wash their hands or reach to a sink or press the tip of a soap dispenser by themselves.

Hand Washing Assistance: Many people with disabilities can't move freely and wash their hands independently, extend your help to them.

Isolation

Many differently-abled can't actually isolate themselves as they need someone or a health worker to look after them to carry out their daily activities and this may put both the disabled person and the caretaker at risk.

Discrimination

Due to medical facilities running short and a large number of people infected with coronavirus getting admitted to hospitals, PWDs fear that medical experts may deprioritise them to favour people who have higher chances of recovery.

External Support and Help

Many PWDs depend on regular help and support from others to live in their own homes. Outbreaks of communicable disease have disrupted these services. Aides and caregivers may become sick themselves, or the risk of catching or spreading illness may require aides and caregivers to stay home, interrupting disabled people's services.

Several differently-abled children and youth are dependent on caregivers for education and therapies or an educator from an outside program; due to Lockdown of schools, educational systems/ therapy centres, parents are worried about how to cope with the situation without any external support.

Lack of Awareness of Financial Help

The government agencies and numerous private companies are providing financial help to people due to the pandemic, however, disabled people may still experience some reduction in their monthly benefits and face financial crisis for not being aware of the support.

Lack of Adequate Assistive Devices & Medical Help

Many of the PWDs who regularly need *occupational therapies/ counselling/ skill development classes* for their daily functioning are facing challenges due to Lockdown.

> *"Unfortunately, any natural anxiety disabled people might have about the COVID-19 outbreak is likely to be made worse every time news reports and official statements go out of their way to reassure everyone by saying* ***"only" elderly and chronically ill people are at serious risk****. It feels awful to hear people reassure each other that coronavirus isn't that scary because it will mainly hurt and kill "high risk" people. Remember, that's us you are talking about, and we can hear you".*
>
> BY ABC

Tips for Parents, Caretakers, Employers, Teachers, Health Care Providers, Families and Friends

YOU can actually help by just being aware and sensitive to the specific risks and challenges faced by PWDs in an outbreak of contagious disease like Coronavirus by allowing disabled people as much practical and emotional leeway as possible to cope as recommended, and as they themselves may need. Now is not the time to tighten the reins, or try to impose what *you* think is best for disabled people, be extra careful with yourself and remain healthy so you are able to help....

- If caregivers need to be moved into quarantine, plans must be made to ensure continued support for people with disabilities who need care and support.
- Community Based Rehabilitation Professionals (CBR) can be useful partners in communicating and providing support

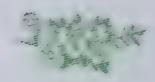
for people with disabilities who have been separated from their families and caregiver.

Tips for Mental Health Counsellors & Rehabilitation Professionals

1. Planning of clear overall goals during pandemic.
2. Awareness programmes through sound guidelines based on the best available scientific evidence and breaking myths in the community.
3. Equipping the community while ensuring quality to reach to more people through virtual media.
4. Do not create separate groups on mental health or on psychosocial support that do not talk or coordinate with one another.
5. Keeping self-updated with adequate information about current situation and how to deal with PWDs.
6. Handy List of Associations & Mental health professionals in the area and Establish effective online systems for referring.
7. Establish coordination with other professionals to provide psychosocial support.
8. Tailor assessment tools as per the local context to help PWDs.
9. Facilitate the development of community-owned, managed and run programmes.
10. Build local capacities, supporting self-help and strengthening the resources already present in affected groups.
11. Organise access to a range of supports, including psychological first aid, to people in acute distress after exposure to an extreme stressor.
12. Train and supervise primary/general health care workers in good prescription practices and in basic psychological support.

13. Use generic medications that are on the essential drug list of the country.
14. Do not assume that everyone in an emergency is traumatised, or that people who appear resilient need no support.
15. Do not assume that emergencies affect men and women (or boys and girls) in exactly the same way, or that programmes designed for men will be of equal help or accessibility for women.
16. Do not use a charity model that treats people in the community mainly as beneficiaries of services.
17. Do not establish screening for people with mental disorders without having in place appropriate and accessible services to care for identified persons.
18. Use channels such as the media to provide accurate information that reduces stress and enables people to access humanitarian services.
19. Maintain confidentiality.
20. Ensure to psycho-educate the parents while counselling children and adolescents.
21. Follow-ups even Beyond the Pandemic to ensure complete rehabilitation.
22. Be calm, patient & approachable!

Chapter 4



CASE STUDIES
(Coping Strategies & Practical Tips)

Can We Help Children with Disabilities Understand the Coronavirus?

The Answer is Yes!!

Mostly the information circulating at the moment is a little scary and sensationalized, and this can really upset children, especially children with disabilities and health conditions who may struggle to comprehend what they are seeing, hearing and experiencing. The news that school is closed and they can't see their friends for weeks or even months is finally causing confusion and anxiety as analysed from the telephonic interviews with the school going children with Special Needs.

As it is very important for 'Parents and Caretakers' to keep them informed of the facts and support the children/ adults/ elderly people with disabilities.

Below are some resources which can be used to help the CWSN to understand coronavirus better, as well as why things are so different at the moment. These resources can help you to explain why:

- School is closed
- What the child will be doing at home each day

Social Story

These are the tools to help children and adults with Intellectual Deficiencies and other disabilities understand the world. They typically describe in detail how to navigate everyday situations and interact with others. They can also help to simplify abstract concepts for concrete thinkers.

Objective

- Helps children get to know about 'Coronavirus'.
- Helps us explain to children how to 'Stay Safe'.
- Social story will ease away all the Anxiety and will develop better understanding towards the changes happening.

Mind Heart Social Story — **Hello I'm Coronavirus**

Triple A Alliance Social Story — **Coronavirus: Staying Safe**

Parent can make such social stories and every social story should be personalized according to the need of the child or an individual.

Case Study I

(Down Syndrome)

Sana Sharma (name changed) is a sweet girl of 14 years, studying in grade 9, registered with NIOS but attending school at Presidium, Ghaziabad. Her mother passed away when she was just 6 years old. She lives with her father in Noida. Her father informed during

the telephonic interview that Sana is with a lot of potential skills diagnosed with Down Syndrome with an IQ of 35 (indicative of Moderate Intellectual Disability). She has been learning application-based subjects viz., Computer Application, Painting, Basic English, Mental Maths and Home Science. Throughout in her school, she has been studying using a Modified Curriculum and has attempted exams over Modified Paper. Her present skillset clearly indicates that she can read sight words and simple sentences or short paragraphs based on sight words. She takes time to settle with a new therapist. Rejection is an initial response when working with a new person so the key is to be very patient, scolding or firm voice may create an aversion for her with a new therapist. She is a lovely girl and she is fond of music and dancing. She wants to meet people and likes to express love openly.

Down Syndrome comes under Intellectual Disability (ID)

Intellectual disability (ID), once called mental retardation, is characterized by below-average intelligence or mental ability and lack of skills necessary for day-to-day living. People with intellectual disabilities can and do learn new skills, but they learn them more slowly. There are varying degrees of intellectual disabilities, from mild to profound. ID has limitations in two areas:

(a) Intellectual functioning
(b) Adaptive behaviour

Challenges during COVID-19 as narrated by father:

- Her routine is not in Place.
- Schedule is changed as no school, no classes, no physical activity and no peer interaction.

- She is getting bored at home.
- She asks several questions why she can't go out and what is Coronavirus.
- She is not able to study as well as do any training (pre-vocational Training).
- Father is a single parent so it becomes very difficult for him to manage the child, work from home and household chores simultaneously.

What Can the Parent/ Caretaker Do?

- Daily routine time table (Visual Schedule) can be made and visualised by the parent.
- She needs regular education sessions and same can be done through zoom, worksheets can be sent in advance to the student so that she can connect.
- Visual Memory Games on Mobile/ Laptop can be a part of daily routine.
- Online Plan for Special Education and Vocational Training can be taken by the parents/ caretaker so that they can execute with the help of therapist on call.
- Everyday schedule for Dance Practice as she loves to dance. A Parent can make the video and run on TV/ laptop to give a sense of achievement to the child.
- It is suggested to take a print out of the Social Story Presentation on Coronavirus and Staying Safe, this will work as a visual aid and a referral document for Sana just like her own personalized story book.

Case Study II
(Hearing impairment)

Shushant who is 8 years old and is diagnosed with ***Hearing impairment (HI).*** *He attends speech therapy and special education sessions. But due to this pandemic situation, he is not able to attend those sessions. Now he is very much indulged in watching cartoons and spending time on YouTube. There is no fixed time for studies, taking meal, sleep etc. At home there is no physical activity that he can practice, as a result he is getting* ***lazy and lethargic****.*

Shushant was very happy to share that he is spending more time with all his members of family specially both his parents. Both of them are working but now they are at home full day. He excitedly shared on the telephonic interview, "Now Mumma says take your time *beta* and she is not in hurry to leave for office."

Case Study III
(Hearing Impairment & Dyslexia)

Raman is a nine-year-old student with a hearing impairment. She has a moderate-to-severe hearing loss. She has difficulty in the areas of vocabulary and language skills and needs support to participate in class and complete assigned academic tasks.

She misinterprets information and does not ask for help/clarification. She has difficulty in the area of conflict resolution and needs to continue developing problem-solving skills. She was originally placed

in a centre program for HI and at the parent's request was transferred to an inclusive school.

Raman has difficulty understanding the content of the teacher's instructions and often misinterprets what is said. She may do an assignment incorrectly or become so frustrated that she is unable to begin or work on a task. When she feels angry, she shuts out others around her and refuses to take action. Her interests are in computers and modelling.

Intervention

- All the activities given in this section to engage the child at home can be used as per the child's interest.
- There are several Assistive Devices available here which can help Raman in further learning are mentioned below:

    1. **Assistive listening devices (ALDs)** help amplify the sounds you want to hear, especially where there's a lot of background noise. ALDs can be used with a hearing aid or cochlear implant to help a wearer hear certain sounds better.
    2. **Augmentative and alternative communication (AAC) devices** help people with communication disorders to express themselves. These devices can range from a simple picture board to a computer program that synthesizes speech from text.
    3. **Alerting devices** connect to a doorbell, telephone, or alarm that emits a loud sound or blinking light to let someone with hearing loss know that an event is taking place.

Several types of ALDs are available to improve sound transmission for people with hearing loss. Some are designed for large facilities such as classrooms, theatres, places of worship, and airports. Other types are intended for personal use in small settings and for one-on-one conversations. All can be used with or without hearing aids or a cochlear implant. ALD systems for large facilities include hearing loop systems, frequency-modulated (FM) systems, and infrared systems.

Hearing loop (or induction loop) systems use electromagnetic energy to transmit sound. A hearing loop system involves four parts:

- A sound source, such as a public address system, microphone, or home TV or telephone
- An amplifier
- A thin loop of wire that encircles a room or branches out beneath carpeting
- A receiver is worn in the ears or as a headset

4. **FM systems** use radio signals to transmit amplified sounds. They are often used in classrooms, where the instructor wears a small microphone connected to a transmitter and the student wears the receiver, which is tuned to a specific frequency, or channel.
5. **Infrared systems** use infrared light to transmit sound. A transmitter converts sound into a light signal and beams it to a receiver that is worn by a listener.
6. **Personal amplifiers** are useful in places in which the above systems are unavailable or when watching TV, being outdoors, or traveling in a car. About the size of a cell phone, these devices increase sound levels and reduce background noise for a listener.

For the overall physical and mental well-being of children with special needs, encourage them and participate with them in leisurely activities.

Case Study IV

Specific Learning Disability (SLD or Dyslexia)

This is a case study of Lakshay Saini, who is 9 years old and is diagnosed with ***SLD.*** *Lakshay is aware of coronavirus and he is also listening to the directions given by his parents.*

The effect of Lockdown is negative on Lakshay as he is becoming lazy and there is no physical activity that he is doing. He is not initiating any educational activities like reading, writing, etc. He only plays table tennis and chess once in a while. His time table has changed a lot like there is no fixed mealtime, study, and no playtime.

Parents are taking some measures to involve him in house chores activities and they are also telling him the importance of cleanliness in our life.

Case Study V

(Dyslexia with ADHD)

This is a case study of Isha Qureshi who is 7 years old and is diagnosed with ***SLD****.*

Talking about the effect of Lockdown on Isha, it is negative. She is only doing what she wants to do. She is somehow not listening to her parents. She feels these are holidays and it's a fun time only.

The disadvantage of this Lockdown is that there is no time table for her. She is also not interested in educational activities like reading, writing, and arithmetic. She wants to spend her time watching cartoons and daily soaps on television along with her sister. Her main focus shifted to online games and watching television.

Parents somehow are feeling helpless as Isha's physical activities have also been stopped due to Lockdown. She is not able to go for her special education sessions which is a big stress for her parents.

On the other hand, she is also missing her school days, her friends, her teachers, and her routine.

Intervention

Due to the Lockdown children are not able to move out for any physical activity and it is somehow difficult for the parents to engage them in different activities for the whole day.

This makes children lazy, irritated, feel boredom, and all these can bring some behavioural changes among them. Below are the activities for the children so that they can utilize their time effectively at home during Lockdown and beyond:

- Daily routine time table
- Regular special education sessions so the same can be done through zoom classes
- Painting and Colouring activities
- Scrabble
- Picture puzzles and stories
- Solving logical puzzles
- Give any problem situation and ask the child to use mind mapping for its solution
- Proper diet and sleep time
- Dancing your heart out with your siblings, parents, grandparents
- Aerobics
- Playing 'Tag', 'Freeze Tag', 'Hopscotch' etc. for enhancing Problem Solving skill and physical development of the children

- Indoor games like Ludo, carrom board any other games including 3-4 rules only.
- Some grade wise games can also be searched according to the age of the child.
- Production of things with waste material- like making some decorative items with wool, newspapers, waste bottles and boxes etc.
- Practical work- planting a sapling at your terrace or balcony, Germination of seeds, wall painting with the parents, setting the wardrobe with elders etc.
- Guided Meditation - To ease out all the stress parents must meditate regularly along with their children.

REMEMBER

All the above are constructive activities & interventions for Behaviour Management & Emotional Management to support children at home. It is important to keep CWSN engaged because emotional and behavioural issues emerge when there is no engagement.

Case Study VI

(Autism)

For last many years, Sukriti Khanna (name changed), a 25-year-old with autism, has been obsessed with keeping her personal calendar up-to-date. She knows that on weekdays she goes to a centre where she attends life skills and social skills learning classes; on weekends goes out shopping or to a playground. Also, on her calendar she has a music class. She played a game with her mother every night. "Tomorrow is ..." and her mother would fill in the blank. But with Lockdown in the country her mother has had the same answer for her for weeks now, "Play with your brother."

According to the mother, her daughter doesn't understand what is actually going on and if everyone around her has gone mad? Or nobody loves her anymore?

The mother also feels lost and helpless as she can't see her daughter screaming when they say, "we are trying to keep you safe".

In above case, parents in one out of many families in India are living with adult children who have intellectual disabilities (ID) and who receive services such as day programs, social skills development sessions, vocational training and other developmental services and with the temporary loss, for some, of aides / assistive devices at home many of them feel frustrated and helpless.

People with Autism do not pick up social skills as quickly or easily as other children do. But you can start building your child's skills slowly.

Case Study VII

(Multiple Disability - Down Syndrome, Autism & Selective Mutism)

Sumedha Rai of Gurugram, Haryana has seen her son, Aarush Rai, 37, who has Down syndrome, autism and selective mutism, lose ground since the programs he attended have been shut down.

"He had a very, very full social life," said his father. "To go from full social life to that of sitting in his room is a huge shock. He's getting depressed and irritated."

Sheltered employment & day programs help people to live fuller lives and to develop skills to be integrated into the community to do

all those things which they need to be independent, and the longer that people don't have those supports they lose those skills. Due to the pandemic, all day programs and support services have been shut and parents of Aarush are worried about the same.

Intervention

Along with all the activities mentioned above in previous cases, social life can be restored through:

- Scheduling online video conferencing with friends.
- By playing Tambola on WhatsApp (cutting numbers on a slip).
- Discussing the different games each person played with family.
- Who is **PANDEMIC HERO OF THE DAY** etc. to keep in touch with community?

Case Study VIII

(Physical Disability)

Ravinder is a 26 years old youth, who met with an accident on 10 February, 2016 with a Truck. He is a resident of Maharana Vihar, Vijay Nagar, Ghaziabad. During the accident, he lost his left leg. His Elder brother sold all the jewellery and also borrowed money for his immediate surgery at Sarvodaya Hospital, Kavi Nagar Ghaziabad.

Post-Surgery his Newly-wedded wife left him. He had no money and was totally dependent on his elder brother. He stopped talking to all his friends due to inferiority complex. His physical recovery took 6 months. He filed a case against the truck driver and received 12.45 Lakh as compensation from the truck driver in October, 2017. He returned 5 Lakh to his brother and deposited 5 Lakh rupees in the

bank as a Fixed Deposit. He also received 2.5 Lakh from Pradhan Mantri Awas Yojna and he used all the money to renovate his share of the plot. The plot belongs to his old mother and he doesn't have any documents that proves his title to it as of now. He fears if his mother dies, he might be thrown out of the house. He started riding an E-Rikshaw to support himself. Once he was riding his e-rikshaw and was spotted by his college friend Khushwant Singh. Khushwant was devastated to see his friend riding a rikshaw rather than asking for help from anyone. He promised Ravinder that he would definitely give him some work. Ravinder was called up 15 days later to start a Photocopy Shop at the Public Library free of any monthly rental liabilities. Ravinder bought a printer and started working there by taking care of the basic services and stationary needs of the students. Ravinder remarried in May, 2019 to a disabled woman, Manisha. Her disability percentage is 100%.

Ravinder feels that he can always get the groceries from the shops for survival. What he expects is that the government makes sure he has sufficient money to buy minimum groceries!

Impact of COVID-19

1. Ravinder's sales began dipping in early March when students started staying home to study.
2. On 15th March, the library was shut down on the orders of the District Magistrate till 31st March, 2020.
3. The Lockdown meant that all the items Ravinder had bought in the last week of February were going to go a waste as he wasn't given time to move his products.
4. Ravinder wasn't prepared for a Lockdown financially.

5. He is forced to eat the same food every day.
6. His savings are almost dried up.
7. If he doesn't go to work soon, he might have to go to the bank to encash his Fixed Deposit.
8. He is worried that if he has kids someday and a similar situation comes up again, how he will be able to handle it then?

Suggestions for helping Ravinder

Though most of Ravinder's concerns are financial and ensuring supply of essentials for his family, nonetheless we attempt to highlight the salient areas where he can be provided assistance:

- **Financial assistance-** Like Ravinder, there are many who depend on daily earnings to support their family. As a means of providing financial assistance, a fixed amount can be provided to such individuals for sustaining during the Lockdown period.
- **Supply of essentials-** As Ravinder and many others with physical disabilities have mobility issues, it is difficult for them to procure essentials from the market. Provision for a door-to-door supply of essentials for PWDs and the elderly individuals have been taken care by local authorities and local police.
- **Assistive devices-** Wheelchairs and other assistive devices can be received from various sources like NGOs and through various other government agencies.
- **Community Support-** Many agencies are working tirelessly round the clock towards solving these issues, till then, the community itself should come forward to help such individuals in need.

Case Study IX

(Mental Illness- Personality Disorder)

"It's been 14 days since I went out of my house. In the beginning the Lockdown was bothering me. I was just finished with my boards and I felt that I would be alone. But it wasn't any different from the life I've been living since the past few years. Apparently, I am used to it. Eating and sleeping is pretty much what my life is now, and not because it's a Lockdown but because I'm a sad person. My mom is a working woman and usually doesn't have time for me but I expected now that she's home, she would care about me. Sadly, she doesn't. My dad was always far away but he has contributed majorly in my trauma so I don't feel like talking to him. It makes me feel guilty that I am not talking to him when he's alone, but somehow it doesn't bother me as much. Everybody seems to care about their work, and that's okay. But each day when I'm lying all alone, thinking, that maybe I am making a big deal out of it. Maybe I am a kid after all and it doesn't matter. I am locked up in my house with questions I don't have answers to. The professional help also seems to be unreachable. Apparently, psychologists nowadays are to help their family first and not for the kids who cry themselves to sleep. As I said, everybody cares about work, and not me. I just wish this Lockdown gets over so that everybody gets back to work and the charade gets over. The Lockdown is just building up a consuming anger inside me. Meanwhile, I am using this time to search for good boarding schools, so I can start afresh. I can't wait for the country to reopen.

Case of Pari Malhotra (name changed) with a diagnosis of Personality disorder, she is 17 years old staying in North Delhi, Rajendra Nagar. She suffers from depression and paranoia; has been under medication and psychotherapy since last two years when the signs of onset of Borderline Personality were seen by her school

counsellor. This case already suffers from many challenges. Due to Lockdown, Depression, Loneliness and Sadness are on peak.

Borderline personality disorder (BPD) is a mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. BPD usually begins by early adulthood. The condition seems to be worse in young adulthood and may gradually get better with age.

Signs and symptoms may include:

- An intense fear of abandonment.
- Unstable & stormy relationships, such as idealizing someone one moment and then suddenly believing the person doesn't care enough or is cruel as mentioned in the above case.
- Frequent changes in self-identity and self-image and self-doubting.
- Ongoing stress-related paranoia and loss of contact with reality, may last from a few minutes to a few hours.
- Impulsive and risky behaviour, such as gambling, reckless driving, binge eating or drug abuse, or sabotaging success by suddenly taking decisions in spur of the moment.
- Frequent mood swings lasting from a few hours to a few days, which can include intense happiness, irritability, shame or anxiety, frustration or too much excitement.
- Ongoing feelings of emptiness, Suicidal tendencies or self-harm.
- Inappropriate, intense anger, resulting in losing temper, being sarcastic or bitter, or having physical fights or fights over social media.
- Pandemic or crisis is a time when there can be a rise in suicidal thoughts.

Intervention

According to Mental Health experts, depression, stress and anxiety can increase during times of any crisis. Therefore, it is important to note:

Tips for Parents/ Caretakers

- Regular phone appointments or use third-party applications like Skype, Facetime and Zoom call to conduct sessions.
- Adequate supply of medication as per the prescription of a Psychiatrist –
    - *Anti-anxiety medicines,*
    - *Anti-depressants,*
    - *Pain killers,*
    - *Antacids,*
    - *Digestives,*
    - *Anti-psychotic,*
    - *Sleeping Pills,*
    - *Anti-psychotic and*
    - *Mood stabilizers etc.*
- Keep the Counsellor's number and other emergency numbers in reach.
- Make sure you are not judging their character but focus on the behaviour that you want to address right now.
- Make sure you are not giving in to their wants or demands, or rescue. Encourage them to take responsibility for themselves and listen to them, so they can sort things out for themselves, also this will engage them by assigning daily work.
- Make sure you are not judging the behaviour but understand what is underneath that triggers such behaviour and respond accordingly.

- Make sure you are not reacting to their anger. Let them know how their behaviour impacts you, and then set limits on how they should treat you. If you ignore it, you collude in letting them act this way only for ever.
- Make sure you are not taking their words seriously if they're impulsive or reactive. But let them know how it affects you, once things are calm.
- Guided Meditation with music to get positive energy.
    - Physical exercise/ activity is must like yoga, dance or aerobics.
    - Exercise deep breathing at least 4 times a day, this will supply extra oxygen to the brain.
    - Practice MINDFULNESS.

Pandemic is a challenging time for everybody and what we've always known about mental health is one of the last things that people address. People look at all other issues that they're dealing with and mental health goes on the back burner. Let all of us understand

"There is no health without mental health." David Satcher

&

"People with mental health conditions deserve just as much support and compassion as people with physical health conditions." Anonymous

Case Study X

(Visually Impaired & Blood Disorder- thalassemia)

"My name is Rajni, I am 19 years old and I live in Secunderabad, Andhra Pradesh. I have thalassemia (Blood Disorder) & I am blind since birth. I don't have enough information to understand true

infection or death rates due to Corona in my case, nor do I know how this virus is affecting the chronic illness community like mine. Even reputable sources are only guessing because even though the coronavirus is in the same family as other respiratory viruses, we are dealing with the unknown right now. But being told that this is "just like the flu" and we should not worry about it is not a comfort to me. The flu and pneumonia come with a higher mortality rate for people with chronic illness and who are immune compromised. I am sad & anxious. My anxiety can get really intense at any time now. I feel worse when no one discusses my fears directly". "I can't read the news myself as I am blind since birth".

Rajni is fearful and scared as she has no access to news in audible form as she lives in a slum area but if she could hear the true information herself and could discuss with someone who can guide her, would make her feel better. Basically, due to lack of information her anxiety is alleviated. Newspaper is the only source of news in her house which is no more available due to Lockdown.

The Chronic neurological conditions (CNCs) affect a good number of people in India. Individuals with CNCs endure an increased prevalence of comorbid depression and anxiety.

Intervention

- CBT is recommended for the treatment of depression.
- Contacting Community Based Rehabilitation Professional for support.
- Many NGOs work to distribute free Assistive Devices for Visually impaired and Hearing Impaired. Assistive Devices to be arranged to support like:

  - Touch Talk Laptops
  - Audio players & Recorders
  - Mobile phone with Talk Back options
- Free Psychological counseling from various NGOs is available, should be utilized for overcoming sadness and anxiety.

Other Assistive Devices Which Can Be Used By People With Visual Impairment To Make Learning Easier Are:

Braille Duplicators

- Taj Braillers
- Worth Perkins Brailler
- Minal Brailler

Writing Devices

- **Interline Braille Frame:** It is used for writing standard character in interline Braille. The frame comprises a wooden board, a metal guide, a reversible paper clamp and a stylus. The clamp fits at the top of the board and has a small swivel stud for locking and holding Braille paper. When one side of the paper has been Brailled, the clamp with the paper still held, is turned over as a unit. The binding margin is made automatically.
- **Taylor Postcard Frame:** It is used for writing small character Braille on one side of the paper. The corner pins are arranged in such a way that the Braille can be read without removing the paper from the frame; when the top section is lifted, the paper remains attached to it.
- **Pocket Braille Frame:** The four-line pocket Braille frame produces small character Braille on one side of the Braille

paper. This is specially used for making small and occasional notes.

- **Styli**: These are produced with handles of various shapes to suit individual needs. The points of all styli are made of stainless steel and the handles are of polished hardwood or synthetic material.

Talking Books

The material recorded on cassettes has emerged to be the most popular mode of imparting education to visually impaired persons. As Braille books are very heavy and many newly blind persons are not able to learn Braille easily, talking books are emerging to be the most viable alternative. For listening to the talking books, the conventional cassette players with the compact cassettes with a playing time of either 60 or 90 minutes is generally used.

Tape Recorders

The blind people can use it alone without anyone's help. It has a special voice prompt for the blind which includes a voice guide, easy research mode, volume adjustment and option for use of earphone.

Reading Machines

- **Kurzweil Reading Machine:** A portable optical scanner that reads type-set or type-written text and turns it into speech.
- **Braille Computers:** The computer sends the text to the output device, where it is converted to Braille and "displayed" by raising rounded pins through a flat surface on the machine.

Specific Challenges During Lockdown for Children & Adolescents with Intellectual Disability & Multiple Disabilities

1. **Being Lethargic**-As people need physical movements to become active but this Lockdown makes them lazy as they are not able to go outside for playing, cycling etc.
2. **No Fixed Time Table**-When children go to school or people go for their work, they follow a fixed time table and they have their full day schedule. But due to Lockdown there is no fixed time to do the activities. There is no fixed meal time, study time, etc.
3. **Increased Screen Time**-Children are very much interested in watching television, movies, playing online games and using social media websites. If we talk about children with Attention Deficit Hyperactivity Disorder (ADHD), they have immense energy and due to this Lockdown, they use this energy by spending time on Internet and this leads to increase in their screen time.
4. **Boredom**-Lockdown is a big change for all the children especially for CWSN. For example- If a child with ID has a habit of going for cycling daily, playing with friends but he/she is not able to get those activities, this may make the child feel bored.
5. **Behavioural Issues**-Some children /adolescents with ID, ASD as well as ADHD may have behavioural issues like showing tantrums, hitting etc. As they have been locked in their homes, this make them frustrated and may increase their maladaptive behaviour.
6. **Lagging Studies**-Schools have been closed and all the tuition classes and other special education sessions have also been stopped due to Lockdown. So, it is impacting education

of all children with special needs, especially children with Specific Learning Disability (SLD) because they need regular practice of reading, writing and arithmetic activities.

7. **Missing Therapy Sessions**-Some ID children with speech difficulties are not able to attend their speech therapy sessions or skill development sessions due to Lockdown.
8. **Mental Health Issues**
   - Children may have 'anxiety' as for the whole day they have been locked inside their houses.
   - If we talk about Borderline Intellectual Disability, children under this category wants to play more games, they want to socialize with people. But because of Lockdown they are not able to do so and as a result they are getting 'frustrated' and 'hyperactive.'
   - Children with mental health issues are likely to be experiencing 'worry', 'anxiety' and 'fear', and this can include the types of fears that are very similar to those experienced by adults, such as a fear of dying, a fear of their parent/ caretaker/ relatives dying, or a fear of what it means to receive medical treatment.
   - If schools have closed as part of necessary measures, then children may no longer have that sense of structure and stimulation that is provided by that environment, and now they have less opportunity to be with their friends and get that social support that is essential for good mental well-being.

Challenges During Lockdown for Adults with Intellectual Disabilities & Multiple Disabilities

- People with intellectual disabilities have health risks. Down syndrome is more likely to get infections. They often have

more than one health problem. If these problems are untreated or active, that person may be at higher risk for COVID-19, which includes:

- Heart problems
- Chronic respiratory infections
- Asthma
- Obstructive sleep
- People receiving chemotherapy or undergoing active treatment for cancer
- People on certain medications that lower the function of the immune system (such as for treatment of rheumatoid arthritis, lupus, or psoriasis)

- Mental disorders are commonly experienced by people with intellectual disabilities. A person with ID is therefore considerably more likely to have an additional mental disorder than the average person from the general population.
- Physical barriers may constitute a problem for many persons with intellectual disabilities and other disabling conditions.
- Health care facilities if not accessible to persons with an intellectual disability who may have a variety of physical and sensory impairments may lead to serious consequences.
- Lockdown may create the confusion, fear, and frustration which might display in behavioural issues.
- Adults with intellectual disability (borderline or mild intellectual disability) who are working in some firm/factory/ NGO/ vocational institution are not able go to their work and this may create financial crisis for them and they may not have courage to cope with the situation, and result is low self-esteem & low confidence.

- COVID -19 Lockdown in the long run will hamper our economy and this will create threat of unemployment which further will create stress, frustration & anger.
- Social isolation can be a particular problem for older people with intellectual disabilities because they already tend to have smaller networks and fewer social supports than the general population, and they do not have partners or children of their own to offer support which makes situation all the more complex.

MAKE DISABLED FEEL ENABLED

EMOTIONAL AND BEHAVIOURAL MANAGEMENT TIPS; KEY POINTS FOR PWDS

SUMMARY

- Inform Clearly- Give clear and short instructions.
- Written Reminders- Visual images gives verbal messages.
- Proper diet and sleep
- Help Children Find Positive Ways to Express Feelings
- Stay Connected Virtually
- Maintain Familiar & Regular Routines
  - Painting and Colouring Activity
  - Dancing
  - Indoor Games Like Ludo, Board Games, Picture puzzles, etc.
  - Online Games
  - Practical Work

- Production of Things with Waste Material
- Reading Simple and Interesting Books
- Printed Worksheets
- Computer games
- Role play
- Staring contest
- Playing with Sensory
- Foam works
- Storytelling Activity

- Music can be therapeutic
- Attention Seeking is Natural
- Learn Simple Daily Physical Exercises & Yoga
- Caretakers/ Parents Must Be Prepared
- Empathize, Appreciate and Love
- Family Time
- Eat together & Prayer together
- Meditation
- Parent/ Caretaker Manage your Own Anxiety
  - Try to avoid talking about your concerns within earshot of children.
  - Avoid too much news updates and reading forwarded messages.
  - Connect with people you trust about your concerns and how you are feeling.
  - Try Music, breathing and relaxation techniques.
  - Read books online as per your interest.
  - Be positive and keep hope.
  - Practice spirituality as per your belief.
  - Enjoy the period when no one is in hurry.
- Seek Professional Guidance
- Provide Psychological Support

Chapter 5

FREQUENTLY ASKED QUESTIONS (FAQs)

QUESTION: Will the CWSN and PWDs get equal importance as the others in receiving the medical assistance and treatment?

ANSWER: Yes, for the government and medical practitioners, each and every citizen is important. All are equally important when it comes to treatment and saving lives.

QUESTION: I am a girl with physical disability, and I use a wheelchair. These days, people call my mother and often say, "Is she ok?" I just do not like it. My relatives think that as I am disabled, I am more vulnerable to Coronavirus. Is that true?

ANSWER: No, it is not true. It is important to understand that having a disability probably doesn't, by itself, put someone at higher risk from COVID-19. Do not worry at all. Those at highest risk for severe illness include older people or those that have certain underlying health conditions. These include such high risk conditions as a blood disorder, chronic kidney disease, chronic liver disease, compromised immune system, late term or recent pregnancy, endocrine disorders, metabolic disorders, heart

disease, lung disease, neurological conditions. It is best to check with a health care provider to see if you are considered high risk.

QUESTION: These days, how can I keep myself constantly motivated as I tend to lose my self-motivation which further prevents me from working hard? I think I am not able to work hard sitting at home all the time. Lockdown has caused a restriction to me. Please help!

ANSWER: Motivation is not sought; it is inside us. Our own will to excel and deliver good performance is sign of high motivation. It's a competitive age and I can understand your need to do better. You can schedule yourself by dividing syllabus to be completed in a month. Keep small targets in terms of chapters of different subjects each day so as to be satisfied of your constant working towards the examination. You can also reduce time spent on watching TV and indulge in some indoor exercises. Inculcate a balanced diet along with drinking of loads of water so as to provide adequate oxygen to brain. Other following tips to self-motivate are:

- **Don't be afraid to make mistakes.** Wisdom helps us avoid making mistakes and comes from making a million of them.
- **Don't indulge in self-limiting thinking.** Think empowering, expansive thoughts.
- **Choose to be happy.** Happy people are easily motivated. Happiness is your birth right so don't settle for anything else.
- **Spend at least one hour a day in self-development.** Read good books or listen to inspiring talks/music etc.
- **Train yourself to finish what you start.** So many of us become scattered as we try to accomplish a task. Finish one task before you begin another.

- **Live fully in the present moment.** When you live in the past or the future you aren't able to make things happen in the present.

The power to succeed or fail will always be yours alone. You alone have the responsibility to shape your life. Picture yourself vividly as winning, and that alone will contribute immeasurably to your success.

QUESTION: I am 16 yr old student of class XI. I have been bearing a very difficult time keeping up with home activities and load of academics as I am dyslexic, I don't like writing at all . I feel lazy, stressed out through the day. No matter how hard I try not to waste time, I end up watching television most of the time. Please suggest how should I manage my time so that I can improve my performance in school and do not feel so guilty.

ANSWER: Time management in modern day living is also the hallmark of life management skills. Firstly, make a schedule that is possible. What time do you usually wakeup in the morning? How long does it take for you to finish your homework? From here, you can determine how much free time you have and schedule your day accordingly.

When you find yourself sitting and watching TV for hours or just doing nothing and getting bored, use your work list to change your free time into a productive time. Put things that are most important at the top and do them first. If it is easier, use a planner to track all of your tasks and do not forget to reward yourself for your accomplishment.

If you need to complete household chores, set a time limit, work to complete them within the time limits. Keep a note in diary or put a reminder buzzer to help you keep a track of your

responsibilities and tasks. This will give you plenty of time to do what you want to do.

With the help of your family, seek to learn relaxation techniques that will eliminate stress and anxiety in minutes. Distress yourself before important exams and presentations with alternate muscles relaxation and brief breathing control exercises.

Do not compromise on sleep because it reduces study efficiency along with recalling power during exam times. When things around us are in a mess and when we have to do dozen of things within a limited period of time, our mind has to focus on real priorities. However, with the right planning we can bring order and discipline into our lives. It's about nurturing attitudes.

THE ROAD AHEAD

Prevent Discrimination Against Disabled People According to the People With Disability (PWD)

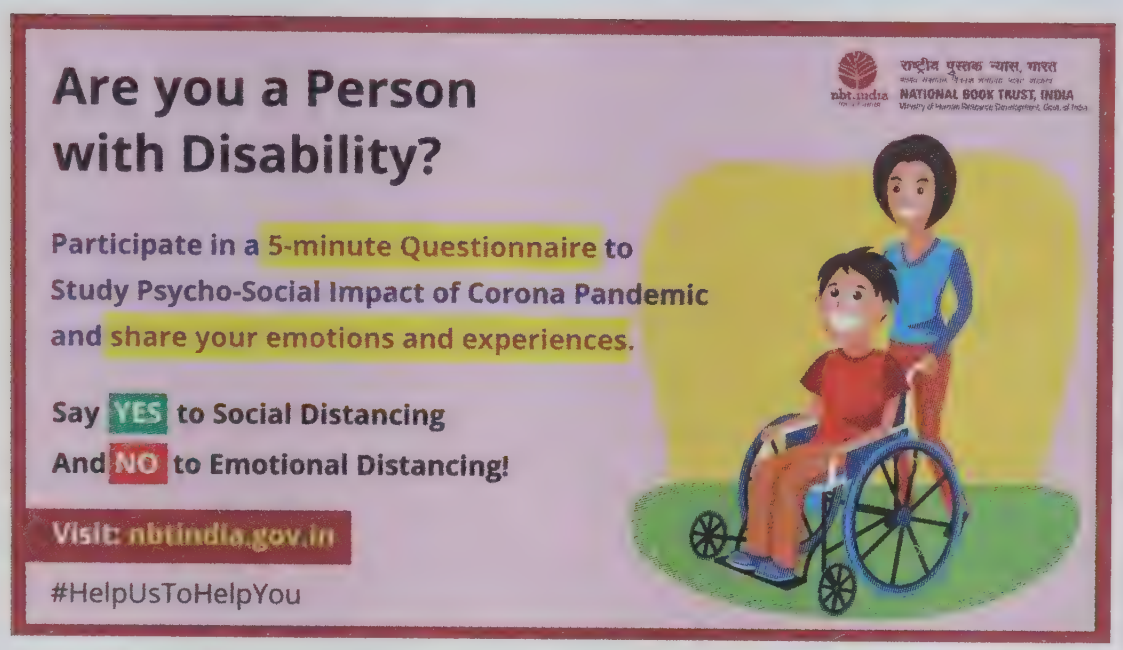
- People with disabilities should be given additional support via phone outreach program by medical experts.
- Arrange facilities to keep a check on disabled patients and ask them about their regular health or any requirement.
- Government & Non-Government agencies to arrange for Assistive Devices easily available.
- All the sanitising equipment and medical consumables should be delivered to them beforehand to protect them from COVID-19.

- Awareness programs for families of disabled people educating how to handle them in adverse situations.
- The guidelines about the disease should be translated and distributed to disabled people in their understandable languages.
- If they are employed, they should be given equal accessories to enable them to work from home which makes them feel ENABLED and not DISABLED.
- If they are studying, flexible arrangements should be made to provide them with course materials and plans which they may require during the quarantine.
- Regular communication & Psychosocial care for emotional well-being.
- Some protocol changes should be made to include the visit of the caregivers to the disabled people if there's no one who can take care of them.

Conclusion

The history of our society is a witness that the backbone of achievers with disability is clearly linked to an Empathic mentoring community. Empathy based social engineering has significantly and positively contributed to help emerge a large number of achievers with disabilities globally. Hence, Empathy in the society will not only reduce societal disparity and inequality but help in effective and comprehensive implementation of our legislation. Looking forward to Real Inclusion!!

The Format of the Online Questionnaire


Are you a Person with Disability?
राष्ट्रीय पुस्तक न्यास, भारत
nbt.india
NATIONAL BOOK TRUST, INDIA
Participate in a 5-minute Questionnaire to Study Psycho-Social Impact of Corona Pandemic and share your emotions and experiences.
Say YES to Social Distancing
And NO to Emotional Distancing!
Visit: nbtindia.gov.in
#HelpUsToHelpYou

Social Media Campaign of NBT to Promote the Survey During Lockdown.

Study on Psycho-Social Impact of Corona Pandemic. Title: Differently-Abled

A study by:
NATIONAL BOOK TRUST, INDIA
Ministry of Human Resource Development

Purpose: To understand the Psychosocial Impact of Pandemic Covid-19 on Differently-Abled, Special Needs and Mentally Challenged
Permission: : This is not a compulsory survey. You may answer the questions only if you feel comfortable and inclined to help us in the survey.
Confidentiality: Your answers will not be used against you in any form. Your name and any information given by you will be kept confidential.

If you feel comfortable, please fill any or all the details below.

Differently-Abled individuals are requested to give their responses on the following questions (wherever possible Parents /Caregivers are requested to fill up on their behalf. Please answer the questions below with as much detail as possible. There is no word limit. You may use a separate word document to write your answers.

Name, Age , Gender

Your answer

Family size

Your answer

Location during Lockdown

- ○ Home
- ○ Other:

Family Income

Your answer

Any specific medical assistance/ special care required:

Your answer

Disability Category:

Your answer

When did you first hear about COVID-19?

- ○ Dec 2019 or earlier
- ○ Jan 2020
- ○ Feb 2020
- ○ Mar 2020

How did you learn about COVID-19 the first time?

- ○ Newspaper
- ○ News channels on TV
- ○ Internet
- ○ Friends/relatives/colleagues

What is the level of knowledge about COVID-19 available to you so far?

- ○ Adequate
- ○ Most of it is creating confusion
- ○ Information overload; not sure what to believe
- ○ Insufficient
- ○ Disturbing & Scary

During this Lockdown, how satisfied are you with your living arrangements?

- ○ Very good
- ○ Satisfactory
- ○ Not good
- ○ Other:

What issues are you facing due to COVID -19 and the lockdown? (Tick the appropriate ones)

- [ ] Anxiety
- [ ] Isolation
- [ ] Low Self Esteem
- [ ] Helplessness
- [ ] Frustration
- [ ] Poor Hygiene
- [ ] Fear
- [ ] Disturbed home environment
- [ ] Discrimination
- [ ] Boredom
- [ ] Loneliness
- [ ] Bullying
- [ ] Uncertainty
- [ ] Financial Loss
- [ ] Poor medical Assistance

How is the mood of your family members or care taker during the lockdown?

- [ ] Happy
- [ ] Relaxed
- [ ] Sad
- [ ] Indifferent
- [ ] Other:

Do you think your condition is making the situation even more complicated for you/ your loved one/ care taker these days?

- ◯ Yes
- ◯ No
- ◯ Not Sure
- ◯ Other:

Daily outcome of restriction on regular outdoor activities/ therapy sessions /occupational therapy for you is _____

- ◯ Laziness
- ◯ Routine disrupted
- ◯ Behavioural issues
- ◯ Other:

Did you face any emergency in past one week? If yes, were you able to get adequate support?

- ◯ Yes
- ◯ No
- ◯ Little
- ◯ Other:

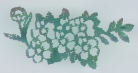
If you are working/ college going/ school going; what are the methods to keep it ongoing?

- [ ] Online
- [ ] On phone
- [ ] No work
- [ ] Other:

Are there specific medical/ support/ counselling services which have been disrupted due to the lockdown? If yes how are you dealing with it?

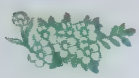
Your answer

Terminology



1	AAC	Augmentative and Alternative Communication
2	ADHD	Attention Deficit Hyperactive Disorder
3	ALDs	Assistive Listening Devices
4	ASD	Autism Spectrum Disorder
5	BPD	Borderline Personality Disorder
6	CBR	Community Based Rehabilitation
7	CNCs	Chronic Neurological Conditions
8	ID	Intellectual Deficiency
9	PWDs	Persons with Disabilities
10	SLD	Specific Learning Disability

Glossary



Pandemic: Pandemic is a worldwide spread of a disease. This is a higher order of magnitude than an epidemic. In other words, an 'outbreak' is the occurrence of disease cases in excess of what's normally expected; an 'epidemic' is more than a normal number of cases of an illness, specific health-related behaviour or other health-related events in a community or region; and a 'pandemic' is basically a global epidemic. Until now, the last pandemic was the H1N1 outbreak in 2009. But on 11 March 2020, the WHO declared the novel coronavirus a pandemic.

Social Distancing: A way of preventing the spread of contagious illnesses, as suggested by the World Health Organization. "Social distancing" doesn't mean staying inside. It means keeping a generous amount of personal space (about three feet) in between yourself and anyone who is coughing or sneezing. This will prevent you from inhaling the majority of the droplets expelled by coughing or sneezing, which can carry the virus.

Quarantine: Separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick. It is also done to people who are suspected to have been exposed to a disease and do not know it; as they may have got the disease but do not show symptoms. *Home Quarantine*: means that a person is confined to a well-ventilated single-room, preferably with an attached/separate

toilet, in his or her own home. If another family member needs to stay in the same room, the two need to maintain a distance of at least 1 metre between each other and refrain from touching things touched by the affected person. It is done to people who are suspected to have been exposed to a disease and/or as they may have got the disease but do not show symptoms.

Isolation: Separating sick people with a contagious disease from people who are not sick, like in an isolation ward/cabin in a hospital/health care facility. It is done to people who have got the infection, and/or showing the symptoms.

Lockdown: A Lockdown is an emergency protocol to prevent people or information from escaping, which usually can only be ordered by someone in command. Lockdowns are also used to protect people inside a facility, area, city, or even a country from a dangerous external event, like - riots, terrorist action, or an epidemic. Under a Lockdown, all non-essential services, offices, shops & facilities are closed down; and all non-essential movement of people gets restricted.

The Government of India announced a nationwide Lockdown for 21 days from 24 March to 14 April 2020, to ensure social distancing as a preventive measure against 2020 coronavirus pandemic in India. The Lockdown was further extended from 15 April to 3 May 2020 with some relaxation on economic activities from 20 April 2020. The Ministry of Home Affairs has also issued guidelines for the essential services that will continue to function during the Lockdown.

Mental disorders: Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated.

ANNEXURE

National Lockdown Guidelines

Government of India
NATIONAL DISASTER MANAGEMENT AUTHORITY
Policy & Plan Division
NDMA Bhawan, A-1, Safdarjung Enclave
New Delhi -110 029

No. 1-29/2020-PP (Pt II) Dated : 24th March, 2020

ORDER

Whereas, the National Disaster Management Authority is satisfied that the country is threatened by the spread of COVID-19, which has been declared as a pandemic by the World Health Organisation, and that it is necessary to take effective measures to prevent its spread across the country and for mitigation of the threatening disaster situation.

And whereas, experts, keeping in view the global experiences of countries which have been successful in containing the spread of COVID-19 unlike some others where thousands of people died, have recommended that effective measures for social distancing should be taken to contain the spread of this pandemic.

And whereas, there is a need for consistency in the application and implementation of various measures across the country while ensuring maintenance of essential services and supplies, including health infrastructure;

Now, therefore in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, the National Disaster Management Authority has decided to direct Ministries/ Departments of Government of India, State Governments and State Authorities to take measures for ensuring social distancing so as to prevent the spread of COVID-19 in the country. Necessary guidelines in this regard shall be issued immediately under section 10(2)(l) of the Disaster Management Act, 2005 by the National Executive Committee. These measures shall be in force for a period of twenty one days w. e. f. 25th March, 2020.

24/3/2020

Member Secretary, NDMA

To

Union Home Secretary,
North Block, New Delhi-110001

No.40-3/2020-DM-I (A)
Government of India
Ministry of Home Affairs
****

Consolidated Guidelines on the measures to be taken by Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities for containment of COVID-19 Epidemic in the Country, as notified by Ministry of Home Affairs Order No. 40-3/2020-DM-I(A) dated 24.03.2020 and further modified on 25.03.2020, 27.03.2020, 02.04.2020, 03.04.2020 and 10.04.2020.

1. Offices of the Government of India, its Autonomous/ Subordinate Offices and Public Corporations shall remain closed.
   Exceptions:

   a. Defence, central armed police forces.
   b. Treasury (including, Pay & Accounts Offices, Financial Advisers and field offices of the Controller General of Accounts, **with bare minimum staff**).
   c. Public utilities (including petroleum, CNG, LPG, PNG), power generation and transmission units, post offices.
   d. Disaster management and Early Warning Agencies
   e. National Informatics Centre.
   f. Customs clearance at ports/airports/land border, GSTN; and MCA 21 Registry **with bare minimum staff.**
   g. Reserve Bank of India and RBI regulated financial markets and entities like NPCI, CCIL, payment system operators and standalone primary dealers **with bare minimum staff**.

2. Offices of the State/ Union Territory Governments, their Autonomous Bodies, Corporations, etc. shall remain closed.
   Exceptions:
   a. Police, home guards, civil defence, fire and emergency services, disaster management, and prisons.
   b. District administration and Treasury (including field offices of the Accountant General **with bare minimum staff**)
   c. Electricity, water, sanitation.
   d. Municipal bodies- Only staff required for essential services like sanitation, personnel related to water supply etc.
   e. Resident Commissioner of States, in New Delhi ***with bare minimum staff***, for coordinating Covid-19 related activities and internal kitchens operations.

f. Forest offices :Staff/ workers required to operate and maintain zoo, nurseries, wildlife, firefighting in forests, watering plantations, patrolling and their necessary transport movement.
g. Social Welfare Department, ***with bare minimum staff***, for operations of Homes for children/ disables/ senior citizens/ destitute/ women /widows; Observation homes; pensions.
h. Agencies engaged in procurement of agriculture products, including MSP operations.
i. 'Mandis' operated by the Agriculture Produce Market Committee or as notified by the State Government.

The above offices (Sl. No 1 & 2) should work with minimum number of employees. All other offices may continue to work-from-home only.

3. Hospitals, Veterinary Hospitals and all related medical establishments, including their manufacturing and distribution units, both in public and private sector, such as dispensaries, chemist, Pharmacies (including Jan Aushadhi Kendra) and medical equipment shops, laboratories, Pharmaceutical research labs, clinics, nursing homes, ambulance etc. will continue to remain functional. The transportation for all medical personnel, nurses, para-medical staff, other hospital support services be permitted.

4. Commercial and private establishments shall be closed down.
Exceptions:
   a. Shops, including ration shops (under PDS), dealing with food, groceries, fruits and vegetables, dairy and milk booths, meat and fish, animal fodder, fertilizers, seeds and pesticides. However, district authorities may encourage and facilitate home delivery to minimize the movement of individuals outside their homes.
   b. Banks, insurance offices, and ATMs including IT vendors for banking operations; Banking Correspondent and ATM operation and cash management agencies.
   c. Print and electronic media.
   d Telecommunications, internet services, broadcasting and cable services. IT and IT enabled Services only (for essential services) and as far as possible to work from home.
   e. Delivery of all essential goods including food, pharmaceuticals, medical equipment through E-commerce.
   f. Petrol pumps, LPG, Petroleum and gas retail and storage outlets.
   g. Power generation, transmission and distribution units and services.
   h. Capital and debt market services as notified by the Securities and Exchange Board of India.
   i. Cold storage and warehousing services.

j. Private security services.
k. Data and call centers ***for Government activities only***.
l. Farming operations by farmers and farm workers in the field.
m. 'Custom Hiring Centres (CHC)' related to farm machinery.
n. Shops of agriculture machinery, its spare parts (including its supply chain) and repairs to remain open.
o. Shops for truck repairs on highways, preferably at fuel pumps.
p. Operations of the fishing (**marine**)/aquaculture industry, including feeding & maintenance; hatcheries, feed plants, commercial aquaria, movement of fish/shrimp and fish products, fish seed/feed and workers for all these activities.

All other establishments may work-from-home only.

5. Industrial Establishments will remain closed.
   Exceptions:
   a. Manufacturing units of essential goods, including drugs, pharmaceutical, medical devices, their raw materials & intermediates.
   b. Production units, which require continuous process, after obtaining required permission from the State Government.
   c. Coal and mineral production, transportation, supply of explosives and activities incidental to mining operations.
   d. Manufacturing units of packaging material for food items, drugs, pharmaceutical and medical devices.
   e. Manufacturing and packaging units of Fertilizers, Pesticides and Seeds.
   f. Tea industry, including plantation with maximum of 50% workers.

6. All transport services – air, rail, roadways – will remain suspended.
   Exceptions:
   a. Transportation for essential goods only.
   b. Fire, law and order and emergency services.
   c. Operations of Railways, Airports and Seaports for cargo movement, relief and evacuation and their related operational organisations.
   d. Inter-state movement of goods/ cargo for inland and exports.
   e. Cross land border movement of essential goods including petroleum products and LPG, food products, medical supplies.
   f. Intra and inter-state movement of harvesting and sowing related machines like combined harvester and other agriculture/horticulture implements.
   g. Transit arrangements for foreign national(s) in India. **(as per attached SOP)**

7. Hospitality Services to remain suspended
   Exceptions:

a. Hotels, home stays, lodges and motels, which are accommodating tourists and persons stranded due to lockdown, medical and emergency staff, air and sea crew.
b. Establishments used/ earmarked for quarantine facilities.

8. All educational, training, research, coaching institutions etc. shall remain closed.

9. All places of worship shall be closed for public. No religious congregations will be permitted, without any exception.

10. All social/ political/ sports/ entertainment/ academic/ cultural/ religious functions / gatherings shall be barred.

11. In case of funerals, congregation of not more than twenty persons will be permitted.

12. All persons who have arrived into India after 15.02.2020, and all such persons who have been directed by health care personnel to remain under strict home/ institutional quarantine for a period as decided by local Health Authorities, failing which they will be liable to legal action under Sec. 188 of the IPC.

Exceptions:
a. Release of quarantined persons, who have arrived in India after 15.2.2020, after expiry of their quarantine period and being tested Covid-19 negative **(as per attached SOP).**

13. Wherever exceptions to above containment measures have been allowed, the organisations/employers must ensure necessary precautions against COVID-19 virus, as well as social distance measures, as advised by the Health Department from time to time.

14. In order to implement these containment measures, the District Magistrate will deploy Executive Magistrates as Incident Commanders in the respective local jurisdictions. The Incident Commander will be responsible for the overall implementation of these measures in their respective jurisdictions. All other line department officials in the specified area will work under the directions of such incident commander The Incident Commander will issue passes for enabling essential movements as explained.

15. All enforcing authorities to note that these strict restrictions fundamentally relate to movement of people, but not to that of essential goods.

16. The Incident Commanders will in particular ensure that all efforts for mobilization of resources, workers and material for augmentation and expansion of hospital infrastructure shall continue without any hindrance.

17. Any person violating these containment measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Sec. 188 of the IPC.

Note: As specified in the lockdown measures, social distancing and proper hygiene practices must be ensured in each of the above activities. It will be the responsibility of the head of the organisation/establishment to ensure compliance of such norms. The district authorities will ensure strict enforcement.

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STANDARD OPERATING PROCEDURE (SOP) FOR TRANSIT ARRANGEMENTS FOR FOREIGN NATIONALS STRANDED IN INDIA

Sub-Clause (g) in exception to clause 6

It has been brought to the notice of this Ministry that a number of foreign nationals are stranded in different parts of the country, due to the lockdown measures. Some foreign countries have approached Government of India for evacuation of their nationals to their countries.

2. In view of the above, it has now been decided that requests received from foreign governments, for evacuation of their nationals from India, would be examined by the Ministry of External Affairs (MEA), Government of India on case to case basis. In cases where such requests are endorsed by MEA, the following protocol would be observed:

i) The chartered flight would be arranged by the concerned foreign government in consultation with the Ministry of Civil Aviation, Government of India.

ii) Prior to departure, the foreign national(s) would be screened for COVID-19 symptoms as per the standard health protocol. Only those foreign national(s) would be allowed to leave, who are asymptomatic for COVID-19. In case of symptomatic person(s), the future course of treatment would be followed, as per the standard health protocol.

iii) The local transportation arrangements from the place of stay of the foreign national(s) to the point of embarkation would be arranged by the local Embassy/Consulate of the respective foreign government.

iv) The transit pass for movement of the vehicle deployed for movement of the foreign national(s) would be issued by the Government of the State/Union Territory where the foreign national(s) is/are staying.

v) The transit pass, as issued above, would be honoured/ allowed by the authorities of the State/Union Territories along the transit route.

***

STANDARD OPERATING PROCEDURE FOR RELEASE OF QUARANTINED PERSONS, AFTER EXPIRY OF QUARANTINE PERIOD AND TESTED COVID-19 NEGATIVE

Sub-Clause (A) in exception to clause 12

With a view to preventing spread of COVID-19 and as a measure of abundant precaution, persons returning from foreign locations after 15.2.2020 had been quarantined in government/government-arranged facilities. In respect of these persons, the following protocol would be observed after completion of the specified mandatory quarantine period:

i) Person(s) testing negative for COVID-19, and as per standard health protocol, would be released from the said quarantine facility(ies). However, this will not apply to a group, where even one person tests positive for COVID-19.

ii) These persons are expected to return to their homes, or to the homes of their families/relatives/friends or to other places of shelter like hotels, etc., by making their own transport arrangements.

iii) The transit pass for movement of vehicle(s), being used by such person(s), would be issued by the Government of the State/Union Territory where they have been quarantined.

iv) The transit pass will be issued for fixed route and with specified validity and such person(s) shall follow the same.

v) The transit pass, as issued above, would be honoured/ allowed by the authorities of the State/Union Territories along the transit route.

vi) As a measure of abundant caution, upon returning to their destination such persons would home quarantine themselves for a further period of 14 days as per standard protocol on the matter.

vii) Details of person(s) released from quarantine, along with their destination, will be shared with the concerned State/UT Government for necessary follow up.

***

OFFENCES AND PENALTIES FOR VIOLATION OF LOCKDOWN MEASURE

A. SECTION 51 TO 60 OF THE DISASTER MANAGEMENT ACT, 2005

51. Punishment for obstruction, etc.—Whoever, without reasonable cause —

(a) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or

(b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,

shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.

52. Punishment for false claim.—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

53. Punishment for misappropriation of money or materials, etc.—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

55. Offences by Departments of the Government.—(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that

the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.

57. Penalty for contravention of any order regarding requisitioning.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.

58. Offence by companies.—(1) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company, 25 shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly: Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence. (2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section— (a) "company" means any body corporate and includes a firm or other association of individuals; and (b) "director", in relation to a firm, means a partner in the firm.

59. Previous sanction for prosecution.—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

60. Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by— (a) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or (b) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

Section 188 in The Indian Penal Code

188. Disobedience to order duly promulgated by public servant.—Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or trends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

Explanation.—It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm.

Illustration
An order is promulgated by a public servant lawfully empowered to promulgate such order, directing that a religious procession shall not pass down a certain street. A knowingly disobeys the order, and thereby causes danger of riot. A has committed the offence defined in this section.

Sources and References

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Rekha Chauhan

Harsheeta

> "I am 18-year-old. I am suffering from Thalassemia, a genetic blood disorder. In order to maintain the pre-transfusion haemoglobin level, I have to go hospital for regular blood transfusions. I am scared, what if I get infected. How can I cope with it in this situation"

The present book, which is first-of-its kind study of the psychosocial impact of the Pandemic and the Lockdown on the Persons with Disabilities (PwDs), may prove useful to PwDs, and Children With Special Needs (CwSNs) and their caregivers. Written by the eminent Psychologists and Counsellors, Ms Rekha Chauhan and Dr Harsheeta, the Lead Researchers of this segment, as part of the Study Group constituted by the National Book Trust, India for its recently launched Corona Studies Series, the book, based on actual case studies, personal interviews, and responses to an online survey conducted during the Lockdown, not only provides insights on the psychosocial impact of the pandemic, but also offers practical tips to cope up with the paradigm shift in lifestyle as well as emotional and mental changes brought about by it among the differently-abled individuals.

Enlivened with some colourful illustrations, it is likely to be of immense value to not only to the persons with disabilities, but also to the parents, caregivers, rehabilitation centre managers, psychologists and counsellors, besides being useful for the teachers, students, and researchers of the COVID-19 Pandemic in the genres of psychology, sociology, health economics etc.

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